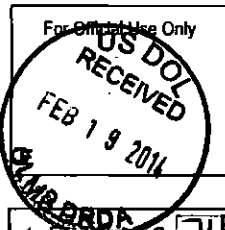


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

541308

1. File Number C- <u>740</u>	2. Period Covered By This Report From: <u>01/01/2013</u> Through: <u>12/31/2013</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>John M Payne</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Law Firm</u>	Name <u></u>
Organization <u>Davis Grimm Payne &amp; Marra</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u>Suite 4040</u>	Organization <u></u>
Street <u>701 Fifth Avenue</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Seattle</u>	Street <u></u>
State <u>Washington</u> ZIP Code + 4 <u>98104</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

### Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed <u>[Signature]</u> President (if other title, see instructions) Title <u>President</u>	18. Signed <u>[Signature]</u> Treasurer (if other title, see instructions) Title <u>Treasurer</u>
On <u>1/7/14</u> (206) 447-0182 Date Telephone Number	On <u>01/13/14</u> (206) 447-0182 Date Telephone Number

Name of Person Filing: John Payne

File Number C-

**B. Statement of Receipts** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Building and Room Number, if any

Employer Harold LeMay Enterprises, Inc.

Suite 110

Trade Name Harbor Dispos

Street 3 Waterway Square Place

Attention To Darrell Chambliss

City The Woodlands

Title COO

State Texas ZIP Code + 4 77380

5.b. Termination Date 4/30/13 (approx)

5.c. Amount 7,963

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7,963

**C. Statement of Disbursements** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

					9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)	

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:		15.b. Trade Name, If any:	
<input type="text"/>		<input type="text"/>	
15.c. To Whom Paid		15.d. Amount	
Name <input type="text"/>		<input type="text"/>	
Title <input type="text"/>			
Organization <input type="text"/>		15.e. Purpose	
P.O. Box, Building and Room Number, if any		<div style="border: 1px solid black; height: 150px;"></div>	
<input type="text"/>			
Street <input type="text"/>			
City <input type="text"/>			
State Washington ZIP Code + 4			

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY