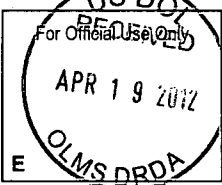


FORM LM-21

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. 439 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

495531

1. File Number C- 00404-A	2. Period Covered By This Report From: 01/01/2010 Through: 12/31/2010
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name David J Burke	Name
Title CEO/Chairman of the Board	Title
Organization David J Burke & Associates	Organization
P.O. Box, Building and Room Number, if any 27407 Pacific Coast Hwy	P.O. Box, Building and Room Number, if any
Street 	Street
City Malibu	City
State California ZIP Code + 4 90265	State ZIP Code + 4
4. Any other address where records necessary to verify this report are kept:	
Name 	
Title 	
Organization 	
P.O. Box, Building and Room Number, if any 	
Street 	
City 	
State ZIP Code + 4 	

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 [Signature] Title Other (Specify) CEO/Chairman of the Board On 03/22/2011 310-589-5225 Date Telephone Number	18. Signed [Signature] Title Other (Specify) Office Manager On 03/22/2011 310-589-5225 Date Telephone Number
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Name of Person Filing: David Burke

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 Consolidated Container Company LP

Trade Name

Street 3101 Towercreek Parkway

Attention To Matt

Patterson

City Atlanta

Title Deputy Gen. Council

State Georgia

ZIP Code + 4 30339

5.b. Termination Date 3-9-2010

5.c. Amount 5,352

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 5,352

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		
	0	0	0	9. Office and Administrative Expenses	35
	0	0	0	10. Publicity	0
				11. Fees for Professional Services	1,400
				12. Loans Made	0
				13. Other Disbursements	
8. Total disbursements to officers and employees:			0	14. Total Disbursements (Sum of Items 8-13)	1,435

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:

Consolidate Container Company LP

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Michael

Roan

Title

Consultant

Organization

David J Burke & Associates

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

Street 27407 Pacific Coast Hwy

City Malibu

State California

ZIP Code + 4 90265

15.d. Amount 1,400

15.e. Purpose

To meet directly with employees either individually or in group meeting to discuss issues and answer questions regarding rights to make an informed choice.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 1,400