U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 03-31-2019

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)

FEB 2 2 2007	JLLY BEFORE PREPARING THIS REPORT 633739
1 . File Number 200	2. Period Covered By This Report From: O1 / O1 / 2016 Through: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 12 / 31 / 2016
A. Person Filing  3. Name and mailing address (include ZIP Code):  4. Any other address where months are the control of the co	
Name John M Payne Title Attorney	Any other address where records necessary to verify this report are kept:  Name  Title
Organization Davis Grimm Payne & Marra	Organization
P.O. Box, Building and Room Number, if any Suite 4040 Street 701 Fifth Avenue	P.O. Box, Building and Room Number, if any Street
City Seattle State Washington ZIP Code + 4 98104	City State ZIP Code + 4
	211 0000 14
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 President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
00 2/1/5/17 (206) 447-0182	02 7/3/17 (206) 447-0182

Date

Telephone Number

Telephone Number

Name of Person Filing: John Payne	File Number C- 740		
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:		
Employer Pierce County Refuse & Recycling	P.O. Box, Building and Room Number, if any		
Trade Name LRI	Street 17925 Meridian Street East		
Attention To Darrell Chambliss	City Puyallup		
Title	State Washington ZIP Code + 4 98375		
5.b. Termination Date 12/31/16	5.c. Amount 10,510		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,510			
C. Statement of Disbursements Report all disbursements made by the rep	orting 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		
	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:		
15.c. To Whom Paid	15.d. Amount		
Name	15.e. Purpose		
Title	- I		
Organization			
P.O. Box, Building and Room Number, if any			
P.O. BOX, building and Room Number, if any	1		
Street			
City			
State Washington ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			