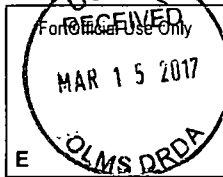


FORM LM-21

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

636675

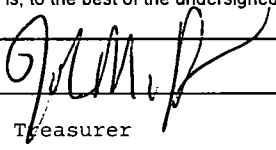
1. File Number C- 00740	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2016	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Christopher L Hilgenfeld Title Attorney Organization Davis Grimm Payne & Marra P.O. Box, Building and Room Number, if any Suite 4040 Street 701 5th Avenue City Seattle State Washington ZIP Code + 4 98104-7097	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 
Title President
President
(if other title, see instructions)

18. Signed 
Title Treasurer
Treasurer
(If other title, see instructions)

On 2/28/17 (206) 447-0182
Date Telephone Number

On 2/28/17 (206) 447-0182
Date Telephone Number

Name of Person Filing: Christopher Hilgenfeld	File Number C- 00740
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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). Employer Columbia Distributing, LLC Trade Name Columbia Distributing Co., Inc. Attention To Paul Meade Title CFO	Mailing Address: P.O. Box, Building and Room Number, if any Street 6840 N Cutter Circle City Portland State Oregon ZIP Code + 4 97217
5.b. Termination Date 12/31/2016	5.c. Amount 5,046
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 5,046	

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:	
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount	
	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		