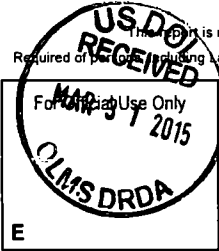


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

588102

1. File Number C: <u>740</u>	2. Period Covered By This Report From: <u>01/01/2014</u> Through: <u>12/31/2014</u>
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A. Person Filing	
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>Attorney</u>	Name <u></u>
Organization <u>Davis Grimm Payne & Marra</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u>Suite 4040</u>	Organization <u></u>
Street <u>701 5th 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>98104-7097</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)	18. Signed <u>[Signature]</u> Treasurer (If other title, see instructions)
Title <u>President</u>	Title <u>Treasurer</u>
On <u>3/3/15</u> (206) 447-0182 Date Telephone Number	On <u>3/4/2015</u> (206) 447-0182 Date Telephone Number

Name of Person Filing: John Payne	File Number C-
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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). Mailing Address:

Employer NCM Contracting Group	P.O. Box, Building and Room Number, if any
Trade Name	Street 8160 304th Avenue SE
Attention To Todd Smith	City Preston
Title	State Washington ZIP Code + 4 98027-8889

5.b. Termination Date Approx. 11/24/2014 5.c. Amount 12,711

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 12,711

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