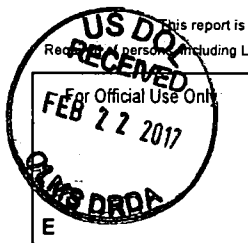


FORM LM-21

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.
Receipt 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

633738

1. File Number C- 740	2. Period Covered By This Report From: 01 / 01 / 2016 Through: 12 / 31 / 2016
-----------------------	--

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name John M Payne Title Attorney Organization Davis Grimm Payne & Marra P.O. Box, Building and Room Number, if any Suite 4040 Street 701 Fifth Avenue City Seattle State Washington ZIP Code + 4 98104	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
On 2/15/17 Date (206) 447-0182 Telephone Number

18. Signed
Title Treasurer / Secretary
On 2/13/17 Date (206) 447-0182 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:

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

Employer Odom Corporation

Suite 300

Trade Name

Street

11400 SE 8th Street

Attention To Randy

Halter

City

Bellevue

Title

State

Washington

ZIP Code + 4 98004

5.b. Termination Date 9/30/16

5.c. Amount 23,597

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 23,597

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