

# 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)

For Official Use Only

RECEIVED

FEB 27 2019

ELMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

690480

1. File Number C-00740

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01/01/2018

Through:

Month/Day/Year  
(mm/dd/yyyy)

12/31/2018

## 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

President  
(if other title, see  
instructions)

On

2/2/19

Date

(206) 447-0182

Telephone Number

18. Signed

Title Other (Specify)

Treasurer/Secretary

Treasurer  
(If other title, see  
instructions)

On

2/22/19

Date

(206) 447-0182

Telephone Number

Name of Person Filing: John Payne	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). Mailing Address:

Employer <u>Pierce County Refuse &amp; Recycling</u>	P.O. Box, Building and Room Number, if any <u>LeMay</u>
Trade Name <u></u>	Street <u>4111 192nd St. E.</u>
Attention To <u>Darrell</u> <input type="checkbox"/> <u>Chambliss</u>	City <u>Tacoma</u>
Title <u>CEO/Executive Vice President</u>	State <u>Washington</u> ZIP Code + 4 <u>98446</u>

5.b. Termination Date August 24, 2018 5.c. Amount 8,413

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,413

**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 <u></u>
				10. Publicity <u></u>
				11. Fees for Professional Services <u></u>
				12. Loans Made <u></u>
				13. Other Disbursements <u></u>
8. Total disbursements to officers and employees: <u></u>				14. Total Disbursements (Sum of Items 8-13) <u></u>

**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.

<p>15.a. Employer Name: <u></u></p> <p>15.c. To Whom Paid</p> <p>Name <u></u> <input type="checkbox"/> <u></u></p> <p>Title <u></u></p> <p>Organization <u></u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u>Washington</u> ZIP Code + 4 <u></u></p>	<p>15.b. Trade Name, If any: <u></u></p> <p>15.d. Amount <u></u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY