



FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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

497807

1. File Number C: <u>464</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		<u>01</u> / <u>01</u> / <u>2011</u>		<u>12</u> / <u>31</u> / <u>2011</u>

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	<u>David J Burke</u>
Title	<u>CEO/Chairman of the Board</u>
Organization	<u>David J Burke & Associates</u>
P.O. Box, Building and Room Number, if any	<u>27407 Pacific Coast Hwy</u>
Street	
City	<u>Malibu</u>
State	<u>California</u> ZIP Code + 4 <u>90265</u>
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 <u>[Signature]</u>	President (if other title, see instructions)	18. Signed <u>[Signature]</u>	Treasurer (if other title, see instructions)
Title	<u>Other (Specify)</u> <u>CEO/Chairman of the Board</u>	Title	<u>Other (Specify)</u> <u>Office Manager</u>
On <u>03</u> / <u>22</u> / <u>2011</u>	Telephone Number <u>310-589-5225</u>	On <u>03</u> / <u>22</u> / <u>2011</u>	Telephone Number <u>310-589-5225</u>
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: David Burke

File Number C-

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 ConocoPhillips

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

TA-3128

Trade Name

Street

600 North Dairy Ashford

Attention To

Peter

Terenzio Jr

City

Houston

Title

HRBP Manager, Refinery Services

State

Texas

ZIP Code + 4

77079

5.b. Termination Date 7/8/2011

5.c. Amount 179,240

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 179,240

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

Chuck Ahern	15,687	40,234	55,921	9. Office and Administrative Expenses	1,300
Ward Rupel	5,719	7,756	13,475	10. Publicity	0
				11. Fees for Professional Services	0
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			69,396	14. Total Disbursements (Sum of Items 8-13)	70,696

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

ZIP Code + 4

15.d. Amount 0

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0