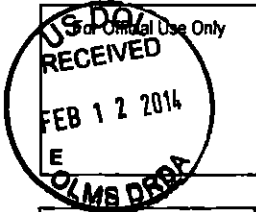


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

541217

1. File Number C-740	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2013		12 / 31 / 2013

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Christopher L Hilgenfeld	4. Any other address where records necessary to verify this report are kept:
Title Attorney	Name
Organization Davis Grimm Payne & Marra	Title
P.O. Box, Building and Room Number, if any Suite 4040	Organization
Street 701 5th Avenue	P.O. Box, Building and Room Number, if any
City Seattle	Street
State Washington ZIP Code + 4 98104-7097	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	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On 2/7/2014 (206) 447-0182	Date Telephone Number	On 2/7/14 (206) 447-0182	Date Telephone Number

Name of Person Filing: Christopher Hilgenfeld	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	Paratransit Services, Inc.	P.O. Box, Building and Room Number, if any	Suite Z
Trade Name		Street	4810 Auto Center Way
Attention To	Randy	City	Bremerton
Title	Dir. Operations & Human Resources	State	Washington
		ZIP Code + 4	98312

5.b. Termination Date	On-going	5.c. Amount	606
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 606

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

8. Total disbursements to officers and employees:		9. Office and Administrative Expenses	
		10. Publicity	
		11. Fees for Professional Services	
		12. Loans Made	
		13. Other Disbursements	
		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