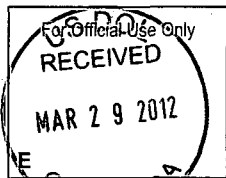


# FORM LM-21

## 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

490511

1. File Number C- <u>464</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2011</u> Through: <u>12</u> / <u>31</u> / <u>2011</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>David</u> <u>J</u> <u>Burke</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>CEO/Chairman of the Board</u>	Name
Organization <u>David J Burke &amp; Associates</u>	Title
P.O. Box, Building and Room Number, if any <u>27407 Pacific Coast Hwy</u>	Organization
Street	P.O. Box, Building and Room Number, if any
City <u>Malibu</u>	Street
State <u>California</u> ZIP Code + 4 <u>90265</u>	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) Title <u>Other (Specify)</u> <u>CEO/Chairman of the Board</u> On <u>03</u> / <u>22</u> / <u>2011</u> <u>310-589-5225</u> Date Telephone Number	18. Signed <u>[Signature]</u> Treasurer (If other title, see instructions) Title <u>Other (Specify)</u> <u>Office Manager</u> On <u>03</u> / <u>22</u> / <u>2011</u> <u>310-589-5225</u> Date Telephone Number
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Name of Person Filing: David Burke	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	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
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 179,240
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**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	15.d. Amount 0
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State	ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0
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