

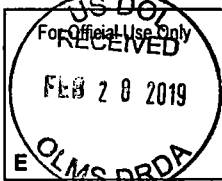
# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

690553

1. File Number C- 00740	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2018		12 / 31 / 2018

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name <u>John M Payne</u> Title <u>Attorney</u> Organization <u>Davis Grimm Payne &amp; Marra</u>  P.O. Box, Building and Room Number, if any <u>Suite 4040</u> Street <u>701 Fifth Avenue</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98104</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 [Signature] President  
(if other title, see instructions)

On 2/22/19 (206) 447-0182  
Date Telephone Number

18. Signed [Signature] Treasurer  
(If other title, see instructions)  
Title Other (Specify)  
Treasurer/Secretary

On 2/22/19 (206) 447-0182  
Date Telephone Number

Name of Person Filing: John Payne

File Number C- 00740

**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 The Truss Company

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

Trade Name

Street 15599 Ashten Road

Attention To Roger

Helgeson

City Burlington

Title President

State Washington

ZIP Code + 4 98223

5.b. Termination Date March 16, 2018

5.c. Amount 8,551

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,551

**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:

15.c. To Whom Paid

15.d. Amount

Name

15.e. Purpose

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY