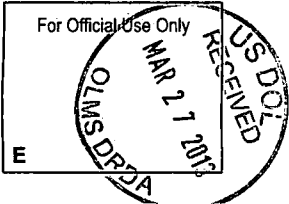


FORM LM-21

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

524861

1. File Number C: <u>444 A</u>	2. Period Covered By This Report From: <u>01/01/2012</u> Through: <u>12/31/2012</u>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name David J. Burke
Title CEO/Chairman of the Board
Organization David J Burke & Assoc., dba The Burke Gr
P.O. Box, Building and Room Number, if any
27407 Pacific Coast Hwy
Street
City Malibu
State California ZIP Code + 4 90265

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 David Burke President
(if other title, see instructions)
Title Other (Specify)
CEO/Chairman of the Board
On 03/20/2013 310-589-5225
Date Telephone Number

18. Signed Marta De los Rios Treasurer
(If other title, see instructions)
Title Other (Specify)
Office Manager
On 03/20/2013 310-589-5225
Date Telephone Number

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
Trade Name Phillips66 (Richmond, CA)	Street 600 N. Dairy Ashford Street
Attention To Stephen Potts	City Houston
Title Sr. HRBP - Global Refining	State Texas ZIP Code + 4 77079-1175

5.b. Termination Date **04/17/12** 5.c. Amount **7,875**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **7,875**

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		
	0	0	0	9. Office and Administrative Expenses	0
	0	0	0	10. Publicity	0
				11. Fees for Professional Services	3,500
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			0	14. Total Disbursements (Sum of Items 8-13)	3,500

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: ConocoPhillips	15.b. Trade Name, if any: Phillips66 (Richmond, CA)
15.c. To Whom Paid	15.d. Amount 3,500
Name Penne Familusi Title Organization David J Burke & Associates, DBA The Burk P.O. Box, Building and Room Number, if any Street 27407 Pacific Coast Hwy City Malibu State California ZIP Code + 4 90265	15.e. Purpose To meet directly with employees either individually or in group meetings to discuss issues and answer questions regarding union issues. Also to discuss their legal rights to make an informed choice.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 3,500	