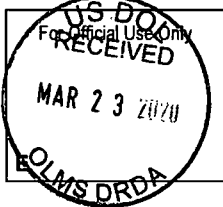


FORM LM-21 722800  
**RECEIPTS AND DISBURSEMENTS REPORT**

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

1. File Number C- 00740	2. Period Covered By This Report From: 01/01/2019 Through: 12/31/2019
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: John M Payne Title: Attorney Organization: Davis Grimm Payne & Marra P.O. Box, Building and Room Number, if any: Suite 4850 Street: 701 Fifth Avenue City: Seattle State: Washington ZIP Code + 4: 98104	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] Title: President On: 3/17/2020 Telephone Number: (206) 442-0182	18. Signed: [Signature] Title: Other (Specify) Treasurer/Secretary On: 03/17/2020 Telephone Number: (206) 447-0182
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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 CalPortland Company

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

Suite 275

Trade Name

Street

10655 Park Run Drive

Attention To

Rob

Binam

City

Las Vegas

Title

Vice President/General Counsel

State

Nevada

ZIP Code + 4

89144

5.b. Termination Date 12/31/19

5.c. Amount 9,413

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,413

**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

Title

Organization

## 15.e. Purpose

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

Street

City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY