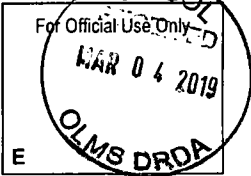


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

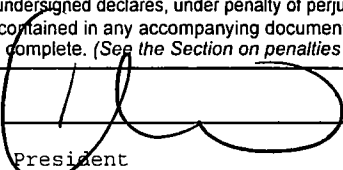
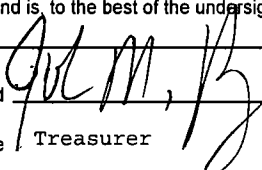
690968

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

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Christopher L Hilgenfeld Title Attorney Organization Davis Grimm Payne & Marra P.O. Box, Building and Room Number, if any Suite 4040 Street 701 5th Avenue City Seattle State Washington ZIP Code + 4 98104-7097	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  Title President On 2/2/19 (206) 447-0182 Date Telephone Number	18. Signed  Title Treasurer On 2/2/19 (206) 447-0182 Date Telephone Number
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Name of Person Filing: Christopher Hilgenfeld	File Number C- 00740
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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). Employer Columbia Distributing Company, Inc. Trade Name Attention To Chris Steffanci Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 20301 59th Place S City Kent State Washington ZIP Code + 4 98032
5.b. Termination Date 09/30/18	5.c. Amount 14,861
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,861	

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

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		