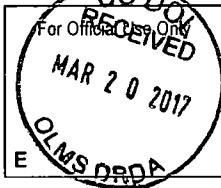


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

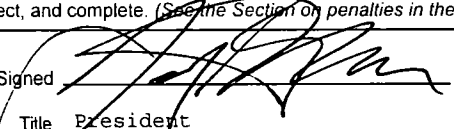
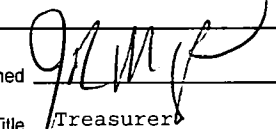
637464

1. File Number C- 00740	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2016	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2016
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<b>A. Person Filing</b>	
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 2/28/17 Date (206) 447-0182 Telephone Number	President (if other title, see instructions)	18. Signed  Title Treasurer On 2/28/17 Date (206) 447-0182 Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Christopher Hilgenfeld	File Number C- 00740
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<b>B. Statement of Receipts</b> 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: P.O. Box, Building and Room Number, if any
Employer Everts Air Cargo	
Trade Name	Street 5525 Airport Industrial Road
Attention To Robert Everts	City Fairbanks
Title President	State Alaska ZIP Code + 4 99709
5.b. Termination Date Approximately 12/31/2016	5.c. Amount 5,794
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 5,794	

<b>C. Statement of Disbursements</b> 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)

<b>D. Schedule of Disbursements for Reportable Activity</b>		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		