

# 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)

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

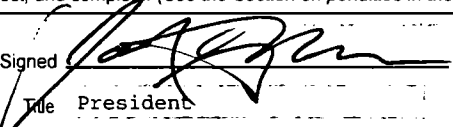
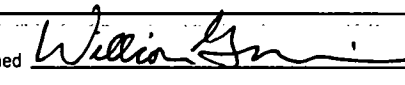
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1. File Number C- <u>740</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2014		12 / 31 / 2014

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 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 	President (if other title, see instructions)	18. Signed 	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On <u>3/3/15</u>	(206) 447-0182	On <u>3/4/2015</u>	(206) 447-0182
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: John Payne	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: Waste Connections of Alaska, Inc.	P.O. Box, Building and Room Number, if any: Suite 110
Trade Name:	Street: 3 Waterway Square Place
Attention To: Darrell Chambliss	City: The Woodlands
Title: Chief Operating Officer	State: Texas ZIP Code + 4: 77380

5.b. Termination Date: Approx. 04/25/2014 5.c. Amount: 14,439

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,439

**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  P.O. Box, Building and Room Number, if any Street City State: Washington ZIP Code + 4	15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	