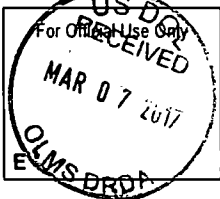


FORM LM-21

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

635000

1. File Number C- 740	2. Period Covered By This Report From: 01/01/2016 Through: 12/31/2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name John M Payne	4. Any other address where records necessary to verify this report are kept:
Title Attorney	Name
Organization Davis Grimm Payne & Marra	Title
P.O. Box, Building and Room Number, if any Suite 4040	Organization
Street 701 Fifth Avenue	P.O. Box, Building and Room Number, if any
City Seattle	Street
State Washington ZIP Code + 4 98104	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] President (if other title, see instructions)	18. Signed [Signature] Treasurer (If other title, see instructions)
Title President	Title Treasurer
On 2/15/17 (206) 447-0182 Date Telephone Number	On 2/13/17 (206) 447-0182 Date Telephone Number

Name of Person Filing: John Payne

File Number C- 740

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:

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

Employer Wave Division Holdings

Suite 500

Trade Name

Street

401 Kirkland Parkplace

Attention To

Jim

Penney

City

Kirkland

Title

General Counsel

State

Washington

ZIP Code + 4

5.b. Termination Date 05/31/16

5.c. Amount 28,829

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 28,829

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

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