## Receipts and Disbursements Report

## U.S. Department of Labor



Required of Persons, Including Labor Relations Office of Labor-Management Standards Form approved - OMB Consultants and Other Individuals and Organizations, Washington, D.C. 20210 No. 1215-0188 (Feb. 1990) Under Section 203(b) of the Labor-Management Expires 11-30-99 Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY 1. NAME AND ADDRESS (include ZIP code) TO VERIFY THIS REPORT ARE KEPT: Burr & Associates 13425 SW 72nd Avenue Tigard, Oregon 97223 3. FILE NO. 4. PERIOD Year Day Month COVERED C-2001 1 BY THIS From: 2001 REPORT To: 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. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)
Seattle Packaging Corporation TERMINATION DATE 7. AMOUNT 9-4-01 \$ 13,518 1000 SW 43rd Street Renton, Washington 98055 \$ 13,518 TOTAL 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.. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: 9. Office and Administrative (c) Expenses (d) Totals (b) Salary (a) Name Expenses \$5,000 Norman Burr **\$** 1356 \$ 6356 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) Total Disbusements to officers and employees: D .- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 15. EMPLOYER 17. AMOUNT 18. PURPOSE 16. TO WHOM PAID n/a TOTAL \$ IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS E- VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him an is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED:

PRESIDENT n/a , TREASURER SIGNED: at: Tigard, (If other title, cross out (If other title, cross out on: and write in correct title above.) City and write in correct title above.) State Date City Date State