

Receipts and Disbursements Report

U.S. Department of Labor



Office of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1986)

Required of Persons, Including Labor Relations
Consultants and Other Individuals and Organizations,
Under Section 203(b) of the Labor-Management
Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved. — OMB
No. 1214-0001
Expires: 12/31/86

A.—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code)

Burr & Associates
13425 SW 72nd Avenue
Tigard, Oregon 97223

2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY
TO VERIFY THIS REPORT ARE KEPT:

3. FILE NO.

C-

447

4. PERIOD
COVERED
BY THIS
REPORTFrom:
To:

Month	Day	Year
1	1	2000
12	31	2000

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)

6. TERMINATION DATE

7. AMOUNT

Renton Coil Springs Co. 425 7th Street Renton, Washington 98057	6-15-00	\$ 9,318
Raytheon Demilitarization Co. 78069 Ordnance Road Hermiston, Oregon 97838	7-12-00	4,402
Pacific Air Control, Inc. 11812 North Creek Parkway, #104 Bothell, Washington 98011	11-29-00	6,624
TOTAL		\$ 20,344

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:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Norman S. Burr	\$ 15,000	\$ 2,876	\$ 17,876
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses

\$

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

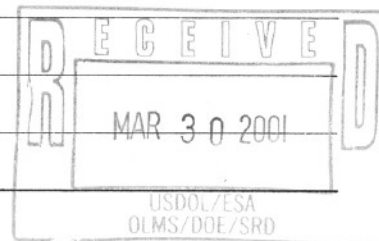
14. Total Disbursements

(Sum of items 8-13)

\$ 17,876

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	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
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 and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED:

at: Tigard Oregon on: 3-15-01
City State Date

PRESIDENT

(If other title,
cross out and
write in correct
title above.)

SIGNED:

at: n/a
City State on: Date

TREASURER

(If other title,
cross out and
write in correct
title above.)