U.S. Department of Labor Office of Labor-Management Standards -Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form:approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

This report is manual atory 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

E KOOD NOW							
	515 507						
1 . File Number C-		2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 12/31/201	2,				
A. Person Filing		-					
3. Name and mailing address	ss (include ZIP Code):	Any other address where records necessary to verify this report are kept:					
Name		Name					
Title Law Fir		Title					
Organization Davi's G	rimm,Payne,& Marra	Organization					
P.O. Box, Building and R		P.O. Box, Building and Room Number, if any					
Street 701 Fifth A	venue	Street					
City Seattle 1	The state of the s	City					
State Washington	ZIP Code + 4 98104	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	18. Signed Treasurer (If other title, see					
Title President	instructions)	Title (Treasurer instructions)					
(on 3/6/13	(206),447-0182	On / / / / ((206)), 447 = 0182					
Date	Telephone Number	Date Telephoné Number					
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			. ,				

Name of Person Filing:		File Number C-					
Name of Ferson Fining.	1	The Hamber O					
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 F		P.O. Box, Building and Room Number, if any					
**************************************	Furniture	W. J. Carlotte and					
-	A STATE OF THE STA	Street 6612 South Tacoma way					
Building and a second a second and a second	Harkness	City Tacoma					
Title Presid	enter	State Washington ZIP Code + 4 98409					
5.b. Termination Date	pproximately 08%31/2012 4	5.c. Amount 2,,518					
6-TOTAL-RECEIPTS FROM ALL-EMPLOYERS 2,518							
C. Statement of Disbursen	nents Report all disbursements made by the repo	rting organization in connectic	on with labor relations advice o	r sanvices rendered			
o. Otalement of Dispurser	to the employers listed in Part B.	rung organization in connection	on with labor relations advice o	services rendered			
Disbursements to Officers a (a) Name	nd Employees: (b) Salary (c) Expenses (d) T	otale					
	(c) Calley (c) Excises (d)		Administrative Expenses				
		10. Publicity	Roministrative Expenses	90 pg y At 1 199			
	Transference and the Control of the		ofessional Services	and and a proper			
				The Tark That			
8. Total disbursements to of		14. Total Disbursements (Sum of Items 8-13)					
14. Total bisbursements (cum or nears only)							
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:							
	13.0. Hade Name, It any.						
Francisco de la constanta de l							
15.c. To Whom Paid	15.d. Amount						
Name (1997)	15.e. Purpose						
Title	The state of the s						
Organization							
		A CONTRACTOR OF THE CONTRACTOR		er en			
P.O. Box, Building and Room Number, if any							
The state of the s							
Street The							
City	THE CONTRACTOR	The District of the Control of the C					
State Washington	ZIP Codé + 4						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							
				1			

Form LM-21 (2003)