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

FORM LM-21 PTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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. ctuding 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)



1 . File Number C- 464		2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)  01 / 01 / 2011	Month/Day/Year (mm/dd/yyyy)   Through:   12 / 31 / 2011		
A. Person Filing				•		
3. Name and mailing address (include ZI	4. Any other addres	4. Any other address where records necessary to verify this report are kept:				
Name David	J Burke	Name		TO A COMMINISTRATION OF THE PROPERTY OF THE PR		
Title CEO/Chairman of	the Board	Title				
Organization David J Burke &	er stande frie vier sega se sa se	Organization	ander security of the transfer of the transfer The transfer of the transfer of	esta menerali de la seria e regular esta e ambanda en la materia de la calenda de material de desta de la cale La calenda de la materia de la calenda d		
Organization David J Burke &	ASSOCIATES	Organization	Participants and the Committee of the Co	PORT - NEW YORK OF THE PROPERTY OF THE PROPERT		
P.O. Box, Building and Room Number, if any		P.O. Box, Buildir	P.O. Box, Building and Room Number, if any			
27407 Pacific Coast	Hwy					
Street	ner kanstiden die kan in der Seit der William der William (der Seit der Western der Seit der William) der Seit	Street		the control of the co		
City Malibu	A CALL THE STATE OF THE STATE O	City				
State California	ZIP Code + 4 90265	State	, personal and the second and the second	ZIP Code + 4		
	Sig	natures				
Each of the undersigned declares, under perinformation contained in any accompanyi						
correct, and complete. (See the Section	on penalties in the instructions).	y the signatory and is, to t	ne best of the didersigned	15 knowledge and belief, tide,		
		(٨٨)	note The	) T		
17. Signed	President (if other title, see	18. Signed VVV	100 100 100 100 100 100 100 100 100 100	Treasurer (If other title, see		
Title Other (Specify)	instructions)	Title Oth	er (Specify)	instructions)		
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CEO/Chairman of th	ne Board	Off	ice Manager			
CEO/Chairman of th	ne Board 39-5225	Off On 03/22	ice Manager / 2011 310-589-	100 Marie -		

Name of Person Filing: David Burke				File Number C-				
B. Statement of Receipts Report all receipts from or services.	n employers ir	n connection	n with labor relation	ns advice or services regardless of th	e purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).				Mailing Address: P.O. Box, Building and Room Number, if any				
Employer ConocoPhillips			T	TA-3128				
Trade Name			Street 6	600 North Dairy Ashford				
Attention To Peter Terenzio Jr			City H	ouston				
Title HRBP Manager, Refinery Services			State T	zas	IP Code + 4 77079			
5.b. Termination Date 7/8/2011				5.c. Amount 179, 240				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	179,240							
					<u> </u>			
C. Statement of Disbursements Report all di to the emplo	sbursements r yers listed in f	made by the Part B.	e reporting organiz	ation in connection with labor relation	ns advice or services rendered			
7. Disbursements to Officers and Employees:	,							
(a) Name	CONTRACTOR CONTRACTOR	(c) Expense	s (d) Totals					
Chuck Ahern	15,687	40,23	i	Office and Administrative Expen	nses 1,300			
Ward Rupel	5,719	7,75	6 13,475	10. Publicity	0			
				11. Fees for Professional Services	0			
			notern .	12. Loans Made	general and design of the second of the seco			
				13. Other Disbursements				
Total disbursements to officers and employees:	•	l	69,396	14. Total Disbursements (Sum of Item	ns 8-13) 70,696			
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:				
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15.c. To Whom Paid 15.d. Amount 0								
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Name L L L L L			15.e. Purp	DSB MANAGEMENT AND	e transportation and the contract of the contr			
Title	o and the control of	ense nom imperen encontraction						
Organization								
P.O. Box, Building and Room Number, if any								
			100 age					
Street		***************************************			•			
City								
State ZI	P Code + 4		ATT (PA A A A A A		**************************************			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0								

Form LM-21 (2003)