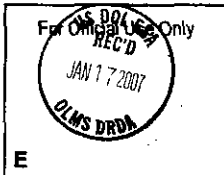


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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 28 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

1. File Number C-428 3253e1	2. Period Covered By This Report From: 1/1/06 Through: 12/31/06
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name: Sal Duarte	4. Any other address where records necessary to verify this report are kept:
Title: Sole Proprietor	Name: Same
Organization: Agri-Labor Relations	Title: Same
P.O. Box, Building and Room Number, if any: P.O. Box 498	Organization: Same
Street: San Luis Rey	P.O. Box, Building and Room Number, if any:
City: San Luis Rey, Ca.	Street: 3337 Golfers Dr.
State: Ca. ZIP Code + 4: 92068	City: Oceanside
	State: Ca. ZIP Code + 4: 92056

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] Title: President Owner	President (if other title, see instructions)	18. Signed: [Signature] Title: Treasurer	Treasurer (If other title, see instructions)
On: 1/06/07 Date	760-518-6829 Telephone Number	On: 1/1/07 Date	Telephone Number

Name of Person Filing: Sal Duarte	File Number C- 428
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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	Johnson Foods, Inc.	P.O. Box, Building and Room Number, if any	
Trade Name	Johnson Foods, Inc.	Street	336 Blaine Ave.
Attention To	Nyle Farmer	City	Sunnyside
Title	Accounting Manager	State	Wa.
		ZIP Code + 4	98944

5.b. Termination Date 7-27-06	5.c. Amount \$ 33,321.⁰⁰
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6. TOTAL RECEIPTS FROM ~~ALL~~ EMPLOYERS **this**

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	
n/a				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: n/a	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization: n/a	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	ZIP Code + 4
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	