


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: 07-31-2019

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.

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)

For Official Use Only


READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

630856

1. File Number C- 00604

2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)
From:	01 / 01 / 2015	Through:	12 / 31 / 2015

A. Person Filing					
3. Name and mailing address (include ZIP Code):			4. Any other address where records necessary to verify this report are kept:		
Name	Frank	G Barbera	Name		
Title	Owner		Title		
Organization	Barbera and Associates		Organization		
P.O. Box, Building and Room Number, if any			P.O. Box, Building and Room Number, if any		
Street	3308 Ariba Street		Street		
City	Las Vegas		City		
State	Nevada	ZIP Code + 4 89129	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 [Signature] President
Title President
On 12/14/16 760-485-2403
Date Telephone Number

18. Signed _____ Treasurer
Title Treasurer
On 1/1 _____
Date Telephone Number

Name of Person Filing: Frank Barbera	File Number C- 00604
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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: P.O. Box, Building and Room Number, if any
Employer Garda Cash Logistics	
Trade Name	Street 700 South Federal Highway Ste. 300
Attention To Ivelices Linares	City Boca Raton
Title VP Labor and Employment	State Florida ZIP Code + 4 33432
5.b. Termination Date April 16, 2015	5.c. Amount 24,392
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,392	

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		
				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: None	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		