

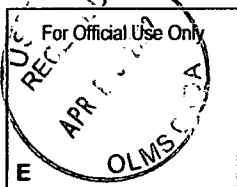
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

494271

1. File Number C- 00604	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2011	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2011
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Frank G Barbera

Title Owner

Organization Barbera and Associates

P.O. Box, Building and Room Number, if any

Street 3308 Ariba Street

City Las Vegas

State Nevada

ZIP Code + 4 89129

4. Any other address where records necessary to verify this report are kept:

Name Same

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

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 (if other title, see instructions)

On 03 / 27 / 2012 760-485-2403
Date Telephone Number

18. Signed _____ Treasurer
Title Treasurer (If other title, see instructions)

On / / _____
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:	
Employer MPD, Inc		P.O. Box, Building and Room Number, if any	
Trade Name		Street 316 E. 9th Street	
Attention To Janice Tomblinson		City Owensboro	
Title Human Resources Director		State Kentucky	ZIP Code + 4 42303

5.b. Termination Date 12/10/2010	5.c. Amount 9,644
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9,644
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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
No employees			

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:	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	