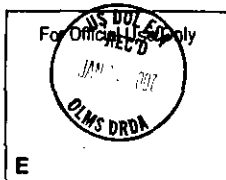


# FORM LM-21

## 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 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

1. File Number C- 428 328359	2. Period Covered By This Report From: 1/01/06 Through: 12/31/06	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
---------------------------------	--	--------------------------------	--------------------------------

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: Sal Duarte Title: Sole Proprietor Organization: Agri-Labor Relations P.O. Box, Building and Room Number, if any: P.O. Box 498 Street: San Luis Rey City: Ca. State: Ca. ZIP Code + 4: 92068	4. Any other address where records necessary to verify this report are kept: Name: Same Title: Same Organization: Same P.O. Box, Building and Room Number, if any: Street: 3337 Golfers Dr. 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: <del>President</del> Owner On: 1/06/07 Date: 1/06/07 Telephone Number: 760-518-6829	18. Signed: [Signature] Title: Treasurer On: / / Date: / / Telephone Number: / /
--	--

Name of Person Filing: <b>Sal Duarte</b>	File Number C- <b>428</b>
--	---------------------------

<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b> Employer: <b>Antelope Valley Recycling &amp; Disposal</b> Trade Name: <b>Waste Management, Inc.</b> Attention To: <b>Bill Minnis</b> Title: <b>District Manager</b>	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any: Street: <b>1001 Tannin Str. Suite 4000</b> City: <b>Houston</b> State: <b>Texas</b> ZIP Code + 4: <b>77002</b>
5.b. Termination Date: <b>7-21-06</b>	5.c. Amount: <b>\$7,476.00</b>
6. TOTAL RECEIPTS FROM <del>ALL</del> EMPLOYERS <b>this</b>	

<b>C. Statement of Disbursements</b> 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
N/A				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)

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
<b>15.a. Employer Name:</b> <b>N/A</b>	<b>15.b. Trade Name, if any:</b>
<b>15.c. To Whom Paid</b> Name: <b>N/A</b> Title: Organization:  P.O. Box, Building and Room Number, if any:  Street: City: State: <b>Washington</b> ZIP Code + 4:	<b>15.d. Amount:</b>  <b>15.e. Purpose:</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	