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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 10-31-2013

This report is mandatory under P.L. 88-257, 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

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ACTOR OF THE PARTY	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•		

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

A. Person F	iling				
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	Same	
Title	Owner		Title		
Organization Barbera and Associates		Organization			
P.O. Box, Building and Room Number, if any		P.O. Box, B	duilding and Room Number, if any		
Street 33	08 Ariba Street		Street		
City La	ıs Vegas		City		
State Ne	evada •	ZIP Code + 4 89129	State	ZIP Code + 4	
Signatures					
Fach of the u	ndersinned hennisrehn	negalty of perions and other applicable penalt	ies of law that all	of the information submitted in this report (including the	

~	Sign	natures	
Each of the undersigned declares, under penalty of perjury a information contained in any accompanying documents) correct, and complete. (See the Section on penalties in the section of t	has been examined by t	lties of law, that all of the information submitted in the signatory and is, to the best of the undersigne	nis report (including the d's knowledge and belief, true,
17. Signed Olug Title President	President (if other title, see instructions)	18. Signed	Treasurer (if other title, see instructions)
On 03 / 21 / 2012 760-485-2403 Date Telephone Number		On / /	ne Number

			
Name of Person Filing: Frank Barbera	File Number C-	00604	

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 Caliber Motors	P.O. Box, Building and Room Numb	er, if any		
Trade Name	Street 5395 La Palma			
Attention To Donald Bering	City Anaheim			
Title Chief Financial Officer VP	State Arkansas	ZIP Code + 4 92807		
5.b. Termination Date 05/09/2011	5.c. Amount 49,209			
6. TOTAL RECEIPTS FROM ARTEMPLOYERS 49,209				
<i>a</i> n.				

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.				
Disbursements to Officers and Emp (a) Name	loyees: (b) Salary	(c) Expenses	(d) Totals		
No Employees			Ţ	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 ARE REPORTABLE AC	TIVITY
THIS	