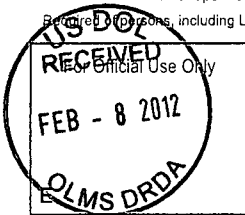


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

473057

1. File Number C- <u>637</u>	2. Period Covered By This Report From: <u>1/1/2007</u> Through: <u>12/31/2007</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Fred</u> <u>B</u> <u>Grubb</u> Title <u>Partner</u> Organization <u>Grubb Quist & Associates, LLC</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>12 South Main Street</u> City <u>Waterbury</u> State <u>Vermont</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>05676</u>	4. Any other address where records necessary to verify this report are kept: Name <u></u> Title <u></u> Organization <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u></u> City <u></u> State <u></u> <input checked="" type="checkbox"/> ZIP Code + 4 <u></u>

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 <u>Fred B. Grubb</u> Title <u>President</u> <input checked="" type="checkbox"/> On <u>02/07/2012</u> <u>802-279-8816</u> Date Telephone Number	18. Signed _____ Title _____ <input checked="" type="checkbox"/> On _____ Date Telephone Number
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Name of Person Filing: Fred Grubb

File Number C-

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 Soaring Eagle Casino

Trade Name

Street

Soaring Eagle Boulevard

Attention To

City

Mount Pleasant

Title

State

Michigan



ZIP Code + 4

5.b. Termination Date

5.c. Amount

124,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

~~124,500~~

\$238,167 (see Addendum)

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:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

15.e. Purpose

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

Street

City

State Washington



ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

LM-21 ADDENDUM 2007

Wenner Bread

33 Rajon Road

Bayport, NY

2007 Total Receipts: 37,123.00

Avcorr, Inc.

Address Unknown

2007 Total Receipts: 10,412.00

Amy Mohawk

Hackettstown, NJ

2007 Total Receipts: 13,214.00

Altoona Regional Health System

Altoona, PA

2007 Total Receipts: 52,918.00