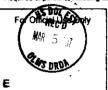
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

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-Nanegement Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 . File Number C-530 325378	2. Period Covered Month/Day/Year Mon
A. Person Filling	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept
Name John L Sullivan	Name
Title Sole Proprietor	Title
Organization Sullivan & Associates	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 2701 Trelawny Drive	Street
City Clarksville	City
State Tennessee ZiP Code + 4 37043	State ZIP Code + 4
Sig	natures
Each of the undersigned declares, under penalty of perjury and other applicable pe information contained in any accompanying documents) has been examined b correct, and complete. (See the Section on penalties in the instructions).	nalties of law, that all of the ir formation submitted in this report (including the y the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President	18. Signed Treasurer
Title Sole Proprietor (if other title, see instructions)	Title Other (Specify) (If other title, see instructions)
On 02/26/2006 931-358-0443	On
Date Telephone Number	Date Telephone Number

110110 011 0130		- John Sullivan				7,110,110,110,110,110	
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, 6	uilding and Room Number, if any		
, ,	·	le Purina Pet Ca	re Co				
Trade Name					31 Dunluce Road	;	
Attention To Taras Waszkurak					ing William		
Title			State V	irginia ZIP Code	+4 23086		
5.b. Terminati	on Date	11/06/2006			5.c. Amoun	1 44,450,00	
6. TOTAL REC	EIPTS	FROM ALL EMPLOYER	s \$ 87.	200,0	>		
	· · · · · · · · · · · · · · · · · · ·	·		1001-			
C. Statement 7. Disbursemer (a) Name			disbursements ployers listed in (b) Salary			ation in connection with labor relations advice	e or services rendered
John	L	Sullivan	10,000	16,290	26,290	9. Office and Administrative Expenses	5,995
Jo	A	Sullivan	7,250	0	7,250	10. Publicity	0
						11. Feet for Professional Services	4,065
						12. Loans Made	
						13. Other Disbursements	
8. Total disbursements to officers and employees:			33,540	14. Total Disbursements (Sum of Items 8-13)	43,600		
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. Trad	15.b. Trade Name, if any:			
Nestle Purina Pet Care Co							
15.c. To Whom Paid					15.d. Amo	int 10,400	
Name Charles K Smith			15.e. Purp	ose			
				10 5 5	labor relations specialist to	o advise	
Organizationemployees of union representation.							
P.O. Box, Building and Room Number, If any							
Street Same as Item #1							
City]				
State			ZIP Code + 4		,	AANIMA AND SHEET S	
16. TOTAL D	SBURS	EMENTS FOR ALL REF	PORTABLE ACT	IVITY 43,60	0		

Form LM-21 (2003)

Name of Person Filing: John Sullivan	File Number C- 530				
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 Alpha Shirt Co.	P.O. Box, Bldg., Room No., if any				
Trade Name	Street 1250 Asht on Road				
Attention To: Richard Emrich	City Philadelphia				
Title	State Pennsylvania	ZIP Code + 4 19136			
5.b. Termination Date	5.c. Amount 42,7,50 00				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any				
Employer					
Trade Name	Street	Additional and the second seco			
Attention To:	City				
Title	State	ZIP Code + 4			
5.b. Termination Date	5.c. Amount				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
Employee	P.O. Box, Bldg., Room,No., if any				
Employer I	Street	_ ```			
Attention To:	City				
Title	State	ZIP Code + 4			
5.b. Termination Date 5.c. Amount					
• ·	· · · · · · · · · · · · · · · · · · ·				
	Mailing Address:				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any	7			
5.a. Name and Address of Employer (including trade name, if any). Employer	P.O. Box, Bldg., Room No., if any				
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	P.O. Box, Bldg., Room No., if any				
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	P.O. Box, Bldg., Room No., if any Street City				
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	P.O. Box, Bldg., Room No., if any	ZIP Code + 4			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	P.O. Box, Bldg., Room No., if any Street City	ZIP Code + 4			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	P.O. Box, Bldg., Room No., if any Street City State	ZIP Code + 4			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	P.O. Box, Bldg., Room No., if any Street City State 5.c. Amount Mailing Ad fress:	ZIP Code + 4			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	P.O. Box, Bldg., Room No., if any Street City State 5.c. Amount Mailing Ad fress:	ZIP Code + 4			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer	P.O. Box, Bldg., Room No., if any Street City State 5.c. Amount Mailing Ad fress: P.O. Box, Bldg., Room No., if any Street City				
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Name of Person Filing: John Sullivan	File Number C- 530
D. Schedule of Disbursements for Reportable Activity Use this S instruction	chedule to report only disbursements made for the purposes described in Part D of the is.
15.a. Employer Name:	15.b. Trade Name, If any:
Nestle Purina Pet Care Co	
15.c. To Whom Paid	15.d. Amount 10,400
Name Kerri Ferguson	15.e. Purpose
Title	Employ labor relations consultant to advise
Organization	employees of union representation.
P.O. Box, Building and Room Number, if any	
Street Same as #1	
City	
State ZIP Code + 4	
15.a. Employer Name: Alpha Shirt Co.	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 7, 60 0
Name Rita Aguilar	15.e. Purpose
Title	Employ labor relations consultant to advise employees of union representation.
Organization	
P.O. Box, Building and Room Number, if any	
Street Same as #1	
City	
State ZIP Code + 4	
15.a. Employer Name:	15.b. Trade Name, I' any:
Alpha Shirt Co.	
15.c. To Whom Paid	15.d. Amount 7, 600
Name Lee Bell	15.e. Purpose
Title	Employ labor relations consultant to advise
Organization	employees of union representation.
Petrone et a communication de la communication	
P.O. Box, Building and Room Number, if any	
P.O. Box, Building and Room Number, if any Street Same as #1 City	

Name of Person Filling: John Sullivan	File Number C- 530
	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:
Alpha Shirt Co.	i
15.c. To Whom Paid	15.d. Amount 17, 600
Name William Price	15.e. Purpose
Title	Employ labor relations consultant to advise
Organization	employees of union representation.
P.O. Box, Building and Room Number, if any Street Same as #1 City	
State ZIP Code + 4	
15.a. Employer Name:	15.b. Trade Name, I' 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 ZIP Code + 4	
15.a. Employer Name:	15.b. Trade Name, if any:
to.a. Lingues Natire.	10.0. Taud Naire, it elity.
15.c. To Whom Paid	15.d. Amount
Name	
Title	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	