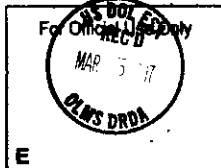


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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. 438 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-530	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	From:	01/01/2006	Through: 12/31/2006

327015

A. Person Filing	
3. 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:

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:	President (If other title, see instructions)	18. Signed:	Treasurer (If other title, see instructions)
Title: Sole Proprietor		Title: Other (Specify)	
On: 02/26/2006	931-358-0443	On: / /	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: John Sullivan	File Number C- 530
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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):
 Employer: Nestle Purina Pet Care Co
 Trade Name:
 Attention To: Taras Waszkurak
 Title:
 Mailing Address:
 P.O. Box, Building and Room Number, if any:
 Street: 931 Dunluce Road
 City: King William
 State: Virginia ZIP Code + 4: 23086

5.b. Termination Date: 11/06/2006 5.c. Amount: 44,450.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: \$87,200.00

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
John L. Sullivan	10,000	16,290	26,290
Jo A. Sullivan	7,250	0	7,250
8. Total disbursements to officers and employees:	33,540		

9. Office and Administrative Expenses	5,995
10. Publicity	0
11. Fees for Professional Services	4,065
12. Loans Made	
13. Other Disbursements	
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: Nestle Purina Pet Care Co

15.b. Trade Name, if any:

15.c. To Whom Paid:
 Name: Charles K. Smith
 Title:
 Organization:
 P.O. Box, Building and Room Number, if any:
 Street: Same as Item #1
 City:
 State: ZIP Code + 4:

15.d. Amount: 10,400

15.e. Purpose:
 Employ labor relations specialist to advise employees of union representation.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: 43,600