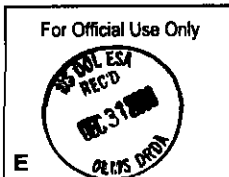


FORM LM-21

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

373849

1. File Number C- 656 NONE COMMUNICATED	2. Period Covered By This Report From: 1/1/2006 Through: 12/31/2006
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name ROY GILDERSLEEVE Title SELF EMPLOYED Organization NONE P.O. Box, Building and Room Number, if any Street 23901 JAMESTOWN CT. #304 City FARMINGTON State MICHIGAN ZIP Code + 4 48335-2970	4. Any other address where records necessary to verify this report are kept: Name Title Organization BLUE WATER PARTNERS P.O. Box, Building and Room Number, if any Street 201 MINOR AVE N.W SUITE 700 City GRAND RAPIDS State MICHIGAN ZIP Code + 4 49503-2212

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>N/A</u> Title President Roy Gildersleeve On 12/22/08 Date 248-478-2272 Telephone Number	18. Signed <u>N/A</u> Title Treasurer On N/A Date N/A Telephone Number
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Name of Person Filing: ROY GILBERSLEEVE	File Number C- Not Communicated
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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.

<p>5.a Name and Address of Employer (including trade name, if any).</p> <p>Employer BLUE WATER PARTNERS</p> <p>Trade Name</p> <p>Attention To</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 201 MONROE AVE N.W. SUITE 700</p> <p>City GRAND RAPIDS</p> <p>State MICHIGAN ZIP Code + 4 49503-2212</p>
5.b. Termination Date 5-05-06	5.c. Amount 71,468.06
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 71,468.06	

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	
NONE				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: NONE				14. Total Disbursements (Sum of Items 8-13) NONE

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: N/A	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount NONE
Name Title NONE Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.e. Purpose N/A.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY NONE	