

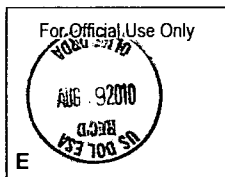
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

433634

1. File Number C- <u>428</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 Sal Duarte
Title Owner
Organization Agri-Labor Relations
P.O. Box, Building and Room Number, if any
P.O. Box 498
Street
City San Luis Rey
State Ca. ZIP Code + 4 92068

4. Any other address where records necessary to verify this report are kept:

Name Same
Title Same
Organization Same
P.O. Box, Building and Room Number, if any
Street 2340 Little Lane
City Oceanside
State Ca. ZIP Code + 4 92056

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 Sal Duarte President
Title Owner (if other title, see instructions)

18. Signed n/a Treasurer
Title Treasurer (If other title, see instructions)

On 7/28/2007 Date
760-518-6829 Telephone Number

On / / Date
Telephone Number

Name of Person Filing: <u>Sal Duarte</u>	File Number C- <u>428</u>
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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). Mailing Address:

Employer <u>Waste Management of New Mexico</u>	P.O. Box, Building and Room Number, if any
Trade Name <u>Waste Management</u>	Street <u>402 Industrial Park Loop</u>
Attention To <u>Calvin Ivey</u>	City <u>Rio Rancho</u>
Title <u>Market Area Manager</u>	State <u>New Mexico</u> ZIP Code + 4 <u>87124</u>

5.b. Termination Date May 9, 2007 5.c. Amount \$5,244.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$5,244.00

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	
<u>n/a</u>				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: <u>n/a</u>	15.b. Trade Name, If any: <u>n/a</u>
15.c. To Whom Paid	15.d. Amount
Name	
Title <u>n/a</u>	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State <u>Washington</u> ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
<u>Sole Proprietor, I have 0 employees</u>	