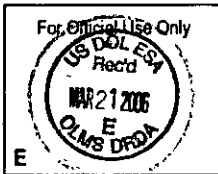


FORM LM-21

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

1. File Number C- <u>587</u>	2. Period Covered By This Report From: <u>1/1/2005</u> Through: <u>12/31/2005</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Mr. Nealy Glenn</u>	4. Any other address where records necessary to verify this report are kept:
Title _____	Name _____
Organization <u>Glenn & Associates</u>	Title _____
P.O. Box, Building and Room Number, if any _____	Organization _____
Street <u>705 Pavey Avenue</u>	P.O. Box, Building and Room Number, if any _____
City <u>Mt. Vernon</u>	Street _____
State <u>Illinois</u> ZIP Code + 4 <u>62864</u>	City _____
	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 <u>[Signature]</u> Title <u>President</u> On <u>03/06/2006</u> Date <u>618-244-6410</u> Telephone Number	President (if other title, see instructions)	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>03/06/2006</u> Date <u>618-244-6410</u> Telephone Number	Treasurer (if other title, see instructions)
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