

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 600

325379

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

1/1/06

Through:

Month/Day/Year
(mm/dd/yyyy)

12/31/06

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name

JACK R. CASSARI

Title

PRESIDENT/OWNER

Organization

SAFETY RELATIONS, INC.

P.O. Box, Building and Room Number, if any

Street

14509 N. LAKE CT

City

FOUNTAIN HILLS

State

AZ.

ZIP Code + 4 85268

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

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

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

Title

President

President

(if other title, see
instructions)

18. Signed

Title

Treasurer

Treasurer

(If other title, see
instructions)

On

Date

1/1

Telephone Number

480-586-5050

On

Date

1/1

Telephone Number

Name of Person Filing: <u>JACK R. CASSARI</u>	File Number C-
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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 <u>PDC / AREA ONSHORE</u></p> <p>Trade Name <u>ROYAL COAST</u></p> <p>Attention To <u>President & CEO</u></p> <p>Title <u>President & CEO</u></p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street <u>4700 N. Sterling Ave.</u></p> <p>City <u>Proctor</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>61615</u></p>
5.b. Termination Date <u>5/10/06</u>	5.c. Amount <u>\$ 3675.00</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>Full</u>	

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:				9. Office and Administrative Expenses	
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
<u>No employees</u>	<u>N/A</u>			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.

<p>15.a. Employer Name:</p>	<p>15.b. Trade Name, if any:</p>
<p>15.c. To Whom Paid</p> <p>Name</p> <p>Title</p> <p>Organization</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street</p> <p>City</p> <p>State <u>Washington</u> ZIP Code + 4</p>	<p>15.d. Amount</p> <p>15.e. Purpose</p>
<p>16. TOTAL DISBURSEMENTS FOR REPORTABLE ACTIVITY <u>this</u> <u>NO OTHER EMPLOYERS</u></p>	