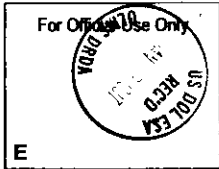


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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>604</u> <u>325253</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>FRANK G BARBERA</u> Title <u>SOLE PROPRIETOR / OWNER</u> Organization <u>BARBERA AND ASSOCIATES</u> P.O. Box, Building and Room Number, if any Street <u>3308 ARIZONA ST</u> City <u>LAS VEGAS,</u> State <u>NV</u> ZIP Code + 4 <u>89129</u>	4. Any other address where records necessary to verify this report are kept: Name <u>FRANK G BARBERA</u> Title <u>SOLE PROPRIETOR / OWNER</u> Organization <u>BARBERA AND ASSOCIATES</u> P.O. Box, Building and Room Number, if any Street <u>3308 ARIZONA ST</u> City <u>LAS VEGAS,</u> State <u>NV</u> ZIP Code + 4 <u>89129</u>

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> <u>OWNER</u> On <u>03/16/06</u> Date <u>760-485-2403</u> Telephone Number	President (if other title, see instructions)	18. Signed <u>N/A</u> Title <u>Treasurer</u> On <u>/ /</u> Date <u> </u> Telephone Number	Treasurer (if other title, see instructions)
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Name of Person Filing: FRANK G BARBERA	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.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	ALLIED WASTE INDUSTRIES	P.O. Box, Building and Room Number, if any	
Trade Name	ST. PAUL, MN	Street	15850 GREENWAY HAYDEN LOOP #100
Attention To		City	SCOTTSDALE
Title		State	AZ
		ZIP Code + 4	85260

5.b. Termination Date	5.c. Amount \$ 7,459.00
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6. TOTAL RECEIPTS FROM ~~ALL~~ EMPLOYERS **THIS**

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	
NO EMPLOYEES				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:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ~~ALL~~ REPORTABLE ACTIVITY **THIS - 0 EMPLOYEES**

December 15, 2006

US Department of Labor
200 Constitution Avenue, NW
Room N-5610 2781
Washington D.C. 20210

Attn: Ms. Afton Battle

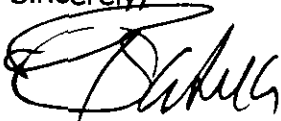
Dear Ms. Battle:

Please find enclosed a revised LM-21 form regarding my labor relations activities for the reflected time period and employer. As the original LM-21 was timely filed on March 16, 2006, this revised form reflects that same date. Should additional information be needed, please contact me at the below address or numbers:

3308 Ariba Street
Las Vegas, NV 89129

760-485-2403 (Cellular- BEST)
702-255-3058 (Residence)
702-399-3058 (Fax)
frankgbarbera@aol.com

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank G. Barbera', with a stylized flourish at the end.

Frank G. Barbera