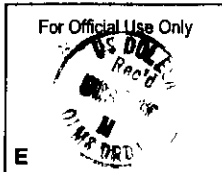


# FORM LM-21

## 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- 376  <b>325 349</b>	2. Period Covered By This Report From: 01 / 01 / 2006 Through: 12 / 31 / 2006
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A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name Kelvin C Berens  Title President  Organization Berens & Tate, PC, LLO  P.O. Box, Building and Room Number, if any  Street 10050 Regency Circle, Suite 400  City Omaha  State Nebraska ZIP Code + 4 68114	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 <u>Kelvin C. Berens</u> Title President On <u>3/29/07</u> <u>402/391-1791</u> Date Telephone Number	18. Signed _____ Title Treasurer On <u>1/1</u> _____ Date Telephone Number
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Name of Person Filing: Kelvin Berens		File Number C- 376	
<b>B. Statement of Receipts</b> 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 TAMKO Building Products, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 220 W. 4th Street	
Attention To: Rick Bayless		City Joplin	
Title Human Resources Manager		State Missouri ZIP Code + 4 64801	
5.b. Termination Date 04/30/2006		5.c. Amount 6,782	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Haynes Express		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2000 5th Street	
Attention To: John DeBisschop		City Rock Island	
Title Manager		State Illinois ZIP Code + 4 61201	
5.b. Termination Date 7/31/06		5.c. Amount 19,402	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Kelvin Berens	File Number C- 376
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Norfolk Iron & Metal Company Trade Name Attention To Jay Fleecs Title Director of Human Resources	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any P.O. Box 1129 Street 3001 N. Victory Road City Norfolk State Nebraska ZIP Code + 4 68702
<b>5.b. Termination Date</b> 05/31/2006	<b>5.c. Amount</b> 1,966
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 28,150	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Michael T Mortensen	7,920	828	8,748	9. Office and Administrative Expenses	
Joseph S Dreesen	17,690	1,712	19,402	10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
<b>8. Total disbursements to officers and employees:</b>			28,150	<b>14. Total Disbursements (Sum of Items 8-13)</b>	28,150

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b>	<b>15.b. Trade Name, If any:</b>	
<b>15.c. To Whom Paid</b>	<b>15.d. Amount</b>	
Name	<b>15.e. Purpose</b>	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State ZIP Code + 4		
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		