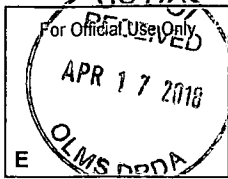


FORM LM-21

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

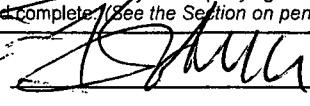
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| | | | | |
|-------------------------|--|--|----------|--|
| 1. File Number C- 00604 | 2. Period Covered By This Report From: | Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2017 | Through: | Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2017 |
|-------------------------|--|--|----------|--|

| | |
|---|---|
| A. Person Filing | |
| 3. Name and mailing address (include ZIP Code): Name Frank G Barbera Title Owner Organization Barbera and Associates, LLC P.O. Box, Building and Room Number, if any Street 3308 Ariba Street City Las Vegas State Nevada ZIP Code + 4 89129 | 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

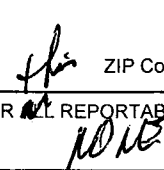
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

| | | | |
|--|--|---|--|
| 17. Signed  Title President On 03 / 27 / 2018 Date 760-485-2403 Telephone Number | President (if other title, see instructions) | 18. Signed _____ Title Treasurer On ____ / ____ / ____ Date _____ Telephone Number | Treasurer (If other title, see instructions) |
|--|--|---|--|

| | |
|--------------------------------------|----------------------|
| Name of Person Filing: Frank Barbera | File Number C- 00604 |
|--------------------------------------|----------------------|

| | |
|--|---|
| 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). Employer Garda Cash Logistics Trade Name Attention To Ivelices Linares Title VP Labor and Employment | Mailing Address: P.O. Box, Building and Room Number, if any Street 700 South Federal Highway City Boca Raton State Florida ZIP Code + 4 33432 |
| 5.b. Termination Date August 24, 2017 | 5.c. Amount 10,600 |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,600 | |

| | | | | | |
|--|------------|--------------|------------|---|--|
| 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 | | |
| None | | | | 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: None | 15.b. Trade Name, If any: | |
| 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4 | 15.d. Amount 15.e. Purpose | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <div style="text-align: right; margin-top: 10px;">  </div> | | |