

# 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-604 325310	2. Period Covered By This Report From: 10/01/2006 Through: 12/31/2006
--------------------------------	--

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name: FRANK G. BARBERA Title: SICE PROPRIETOR Organization: BARBERA & ASSOCIATES P.O. Box, Building and Room Number, if any: Street: 3308 AZURA ST City: LAS VEGAS State: NV ZIP Code + 4: 89129	4. Any other address where records necessary to verify this report are kept: Name: SAME AS Block #3 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: [Signature] Title: President On: 03/30/07 Date: 03/30/07 Telephone Number: 760-485-2103	18. Signed: [Signature] Title: Treasurer On: 1/1 Date: 1/1 Telephone Number:
---	--

**FRANK G. BARBERA**

**2. Statement of Receipts** Report all receipts from employer in connection with labor relations advice or services regardless of the purpose of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

5.b. Mailing Address

Employer

**ALLIED WASTE SERVICES**

Trade Name

**ISPE WASTE SYSTEMS**

Attention to

**DON BARBERA**

Title

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

Street

**1080 AIRPORT ROAD**

City

**FAIRFIELD,**

State

**MA**

ZIP Code + 4

5.d. Termination Date

**3/30/06**

5.e. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**THIS**

**\$3,900.00**

**3. 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 2.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

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

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 REPORTABLE ACTIVITY

**THIS**

**NO EMPLOYEES**