U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

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

494268

4 (100)												
1 . File Number C- 00604	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 12/31/2011											
A. Person Filing												
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:											
Name Frank G Barbera	Name Same											
Title Owner	Title											
Organization Barbera and Associates	Organization											
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any											
Street 3308 Ariba Street	Street											
City Las Vegas	City											
State Nevada ZIP Code + 4 89129	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 President (if other title, see instructions)	18. Signed Treasurer Title Treasurer (If other title, see instructions)											
On 03 / 27 / 2012 760 - 485 - 2403 Date Telephone Number	On Date Telephone Number											

N		Beech Beech							File Number C	00604			
Name of Person Filing: Frank Barbera								rile 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). Mailing Address: P.O. Box, Building and Room Number, if any													
Employer Bo	b`s	Discount Furnitu											
Trade Name	lame						et 4:	28 Tolland Turnpike					
Attention To	Boł) Da	wley		City	M	anchester	r					
Title	Title Human Resources Director						C	onnecticut		ZIP Code	+ 4	06040	
5.b. Termination Date 12/09/2011 5							5.c. Amount 52,765						
6. TOTAL RECEIPTS FROM ARE EMPLOYERS 52,765													
TV													
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 A	Administrative Ex	penses			
1								10. Publicity					
								11. Fees for Pr	rofessional Services				
							*,	12. Loans Made	de				
								13. Other Disbu	bursements				
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.a. Employer Name: 15.b. Trade Name, If any:									\neg				
45 T W D						15 4	A	[<u> </u>				
15.c. To Whom Paid						15.0.	Amou	m. L					
Name	ame						15.e. Purpose						
Title													
Organization													
P.O. Box, Building and Room Number, if any													
					<u>]</u>								
Street													
City													
State Washin	gt	on ZI	P Code + 4										
16. TOTAL DISBU	RSE	MENTS FOR ALL REPOR	TABLE ACTIV	VITY	,								
		yling.											