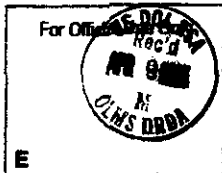


FORM LM-21

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. 436 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>328396</u>	2. Period Covered By This Report From: <u>10/01/2006</u> Through: <u>12/31/2006</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</u> Organization <u>BARBERA & ASSOCIATES</u> P.O. Box, Building and Room Number, if any Street <u>3308 AZURA ST</u> City <u>LA JUEBAS</u> State <u>NU</u> ZIP Code + 4 <u>89129</u>	4. Any other address where records necessary to verify this report are kept: Name <u>SOME AT BLOCK #2</u> 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>[Signature]</u> Title <u>President</u> On <u>07/20/07</u> Date <u>760-485-403</u> Telephone Number	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>1/1</u> Date Telephone Number
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FRANK G BARBERA

D. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services rendered for the purposes of the union or services

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

Main Address

Employer **ALLIED WASTE SERVICES**

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

Trade Name

Street

Attention to

RANDY SALMAGE

City

JOLIET, IL

Title

State

ZIP Code + 4

60438

5.b. Termination Date

8/08/06

5.c. Amount

\$7200.00

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 — NO EMPLOYEES			