

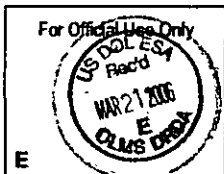
FORM LM-21

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	2. Period Covered By This Report From: 1/1/2005 Through: 12/31/2005
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name FRANK G BARBERA	4. Any other address where records necessary to verify this report are kept
Title SOLE PROPRIETOR	Name SAME
Organization BARBERA ASSOCIATES	Title SAME
P.O. Box, Building and Room Number, if any PO BOX 33285	P.O. Box, Building and Room Number, if any SAME
Street ---	Street 3308 ARIBA ST
City LAS VEGAS	City LAS VEGAS
State NV ZIP Code + 4 89133 3285	State NV ZIP Code + 4 89129

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 N/A	Treasurer (if other title, see instructions)
Title President OWNER		Title Treasurer	
On 3/16/2006	Date	On 1/1/	Date
760 485-2403	Telephone Number		Telephone Number

Name of Person Filing: FRANK G BARBERA	File Number C-
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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 SPRINGFIELD CAPITAL WASTE Trade Name ALLIED WASTE INDUSTRIES Attention To DAVID NAUGHTON Title DISTRICT MANAGER	Mailing Address: P.O. Box, Building and Room Number, if any 15880 N. GREENWAY - LAYDEN COOP #10 Street City SCOTTSDALE State AZ ZIP Code + 4 85260
5.b. Termination Date 4/7/05	5.c. Amount \$9,300
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 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 I HAVE NO EMPLOYEES		