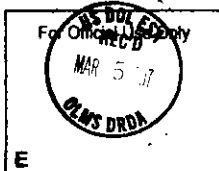


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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 28 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)



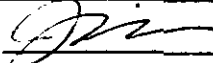
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 530	328378	2. Period Covered By This Report From: 01/01/2006 Through: 12/31/2006
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name John L Sullivan Title Sole Proprietor Organization Sullivan & Associates P.O. Box, Building and Room Number, if any Street 2701 Trelawny Drive City Clarksville State Tennessee ZIP Code + 4 37043	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 Sole Proprietor On 02/26/2006 931-358-0443 Date Telephone Number	President (If other title, see instructions)	18. Signed Title Other (Specify) On Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: John Sullivan	File Number C- 530
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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). Mailing Address:

Employer Nestle Purina Pet Care Co	P.O. Box, Building and Room Number, if any
Trade Name	Street 931 Dunluce Road
Attention To Taras Waszkurak	City King William
Title	State Virginia ZIP Code + 4 23086

5.b. Termination Date 11/06/2006 5.c. Amount 44,450.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$87,200.00

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			
John L Sullivan	10,000	16,290	26,290	9. Office and Administrative Expenses	5,995	
Jo A Sullivan	7,250	0	7,250	10. Publicity	0	
				11. Fees for Professional Services	4,065	
				12. Loans Made		
				13. Other Disbursements		
8. Total disbursements to officers and employees:				33,540	14. Total Disbursements (Sum of Items 8-13)	43,600

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: Nestle Purina Pet Care Co	15.b. Trade Name, if any:
15.c. To Whom Paid Name Charles K Smith Title Organization P.O. Box, Building and Room Number, if any Street Same as Item #1 City State ZIP Code + 4	15.d. Amount 10,400 15.e. Purpose Employ labor relations specialist to advise employees of union representation.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 43,600	

Name of Person Filing: John Sullivan		File Number C- 530	
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:	
Employer Alpha Shirt Co.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1250 Ashton Road	
Attention To: Richard Emrich		City Philadelphia	
Title		State Pennsylvania ZIP Code + 4 19136	
5.b. Termination Date		5.c. Amount 42,750 ⁰⁰	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: John Sullivan	File Number C- 530
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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: Nestle Purina Pet Care Co	15.b. Trade Name, if any:
15.c. To Whom Paid Name Kerri Ferguson Title Organization P.O. Box, Building and Room Number, if any Street Same as #1 City State ZIP Code + 4	15.d. Amount 10,400 15.e. Purpose Employ labor relations consultant to advise employees of union representation.

15.a. Employer Name: Alpha Shirt Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Rita Aguilar Title Organization P.O. Box, Building and Room Number, if any Street Same as #1 City State ZIP Code + 4	15.d. Amount 7,600 15.e. Purpose Employ labor relations consultant to advise employees of union representation.

15.a. Employer Name: Alpha Shirt Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Lee Bell Title Organization P.O. Box, Building and Room Number, if any Street Same as #1 City State ZIP Code + 4	15.d. Amount 7,600 15.e. Purpose Employ labor relations consultant to advise employees of union representation.

Name of Person Filing: John Sullivan	File Number C- 530
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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: Alpha Shirt Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name William Price Title Organization P.O. Box, Building and Room Number, if any Street Same as #1 City State ZIP Code + 4	15.d. Amount 7,600 15.e. Purpose Employ labor relations consultant to advise employees of union representation.

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 ZIP Code + 4	15.d. Amount 15.e. Purpose

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 ZIP Code + 4	15.d. Amount 15.e. Purpose