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

7 - In.

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

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

File Number C- 604	2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)		
. The Number C- CC 2	By This Report From:	01 / 01 / 2008	Through:	12 / 31 / 20		
A. Person Filing						
. Name and mailing address (include ZIP Code):	4. Any other addres	s where records necessa	ry to verify	this report are kept:		
Name Frank G Barbera	Name Sar	ne				
Title Owner	Title					
Organization Barbera and Associates	Organization	Organization				
P.O. Box, Building and Room Number, if any	P.O. Box, Buildin	P.O. Box, Building and Room Number, if any				
Street 3308 Ariba Street	Street					
City Las Vegas	City					
Statealabama ZIP Code + 4 89129	State	State ZIP Code + 4				
Si	gnatures					
the state of positive and other applicable to	enalties of law that all of the	information submitted in the	nis report (inc	cluding the		
ach of the undersigned declares, under penalty of perjory and other applicable proformation contained in any accompanying documents) has been examined to prect, and compete (see the Section on penalties in the instructions).	by the signatory and is, to t	he best of the undersigne	d's knowled	ge and belief, true,		
7 Signed President	18. Signed			Treasurer		
7. Signed President (if other title, see instructions)		asurer		(If other title, see instructions)		
08 / 20 / 2010 760-485-2403	/	/				
08 / 20 / 2010 760-485-2403  Date Telephone Number	On/	te Telephor	ne Number	-		

All states and Address of Employer (including trade name, if any).  Employer All state Power Vac Trade Name Altertion To Louis Galasso City Rahway Altertion To Louis Galasso Title Owner/President State St	3. Statement of Receipts Report all receipts or services.								
Attention To Louis Galasso Title Owner/President State	5.a. Name and Address of Employer (including trade name, if any).								
Attention To Louis Galasso Title Owner/President State 22P Code + 4 87065  State 24P Code + 4 87065  State 24P Code + 4 87065  Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services render to the employers listed in Part B.  Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals (c) Expenses (d) Totals (d) Publicity 11. Fees for Professional Services 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 13. Other Disbursements 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 instructions.  15.b. Trade Name, if any:  15.c. To Whom Paid Name NA Title Organization  P.O. Box, Building and Room Number, if any  Street City	Employer Allstate Power Vac								
Title Owner/President State				s	Street 928 E. Hazelwood Avenue				
ib. Termination Date 9/10/2008 5.c. Amount 19,088  TOTAL RECEIPTS FROM the EMPLOYER\$ 19,088  C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services render to the employers listed in Part B.  P. Disbursements to Officers and Employees: (a) Name (b) Salay (c) Expenses (d) Totals (d) Employees (d) Name (d) Employees (e) Employees (e) Expenses (d) Totals (f) Publicity (f) Expenses (d) Totals (g) Rome (h) Salay (g) Expenses (d) Totals (h) Publicity (f) Expenses (d) Totals (f) Publicity (f)	Attention To Louis	Galasso		С	City Rahway /				
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Solution	7. Disbursements to Officers and Employees:	(L) C-l	(a) European	· (d) Tot	ale				
10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 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 instructions.  15.a. Employer Name: 15.b. Trade Name, If any:  15.c. To Whom Paid Name NA Title Organization P.O. Box, Building and Room Number, if any Street City		(D) Salary	(c) Expenses	1		Office and Administrative Expenses			
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B. Total disbursements to officers and employees:  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid Name NA  15.e. Purpose  15.e. Purpose  P.O. Box, Building and Room Number, if any  Street City				1		12. Loans Made			
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name NA  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City				1		13. Other Disbursements			
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name NA  15.e. Purpose  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City	9. Total dishussements to officers and employ	/ees:				14. Total Disbursements (Sum of Items 8-13)			
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15.c. To Whom Paid  Name NA  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City	D. Schedule of Disbursements for Report	able Activity	Use this Scl instructions	hedule	to report or	nly disbursements made for the pulposes de	Scribed III Fall D Gran		
15.c. To Whom Paid  Name NA  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City	15.a. Employer Name:				15.b. Trad	e Name, If any:			
Name NA 15.e. Purpose  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City									
Title Organization  P.O. Box, Building and Room Number, if any Street City	15.c. To Whom Paid				15.d. Amount				
Organization  P.O. Box, Building and Room Number, if any  Street  City	Name NA				15.e. Purpose				
Organization  P.O. Box, Building and Room Number, if any  Street City	Title								
P.O. Box, Building and Room Number, if any Street City									
Street City	Organization.								
City	P.O. Box, Building and Room Number, if	any							
700-4-14	Street								
State Westrington ZIP Code + 4	City								
	State teaching ton	ZIP Code + 4							
16. TOTAL DISBURSEMENTS FOR AND REPORTABLE ACTIVITY	THIS								

File Number C- 604

Name of Person Filing: Frank Barbera