

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

SEP-52001

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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

335343

1. File Number C- 632	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 07 / 01 / 2005	Through:	Month/Day/Year (mm/dd/yyyy) 05 / 31 / 2005
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1/1/05

12/31/05

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name **Barton M Tiernan**
Title **Attorney**
Organization **Law Offices of Barton M. Tiernan**
P.O. Box, Building and Room Number, if any
P.O. Box 93144
Street
City **Anchorage**
State **Alaska** ZIP Code + 4 **99509-3144**

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 **Barton M Tiernan** President
Title **Sole Proprietor** (if other title, see instructions)

18. Signed _____ Treasurer
Title **Treasurer** (If other title, see instructions)

On **08 / 17 / 2007** **907 277-7657**
Date Telephone Number

On / / _____
Date Telephone Number

Name of Person Filing: Barton Tiernan	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 Cable Tech, Inc. Trade Name Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 351 E. 92nd Avenue, #B City Anchorage State Alaska ZIP Code + 4 99515
5.b. Termination Date Continuing	5.c. Amount 10,000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,000	

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	
				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		