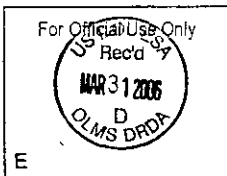


FORM LM-21

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. 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)



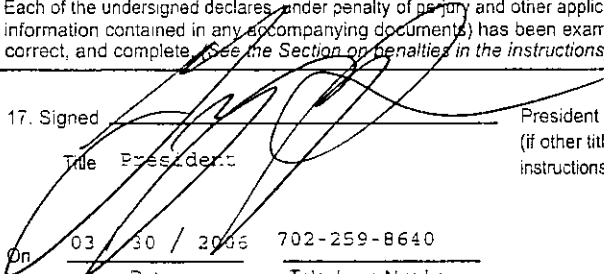
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

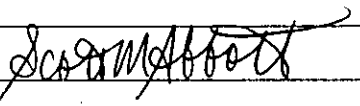
1. File Number C- 406	2. Period Covered By This Report From: 01 / 01 / 2005 Through: 12 / 31 / 2005
------------------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Gregory J. Kamer Title President & Treasurer Organization Gregory J. Kamer, Ltd. P.O. Box, Building and Room Number, if any 3000 Street West Charleston Boulevard, Suite 3 City Las Vegas State Nevada ZIP Code + 4 89102	4. Any other address where records necessary to verify this report are kept: Name N/A Title N/A Organization N/A P.O. Box, Building and Room Number, if any N/A Street N/A City N/A 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  President
(if other title, see instructions)
Title President
On 03 / 30 / 2006 702-259-8640
Date Telephone Number

18. Signed  Treasurer
(If other title, see instructions)
Title Other (Specify)
Vice President
On 03 / 30 / 2006 702-259-8640
Date Telephone Number

Name of Person Filing: Gregory Kamer	File Number C-
--------------------------------------	----------------

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 Gold Strike Casino Resort P.O. Box, Building and Room Number, if any
 Trade Name 1010
 Attention To Meghan Rishel Street Casino Center Drive
 Title Human Resource Training Manager City Robinsville
 State Mississippi ZIP Code + 4 38664

5.b. Termination Date 10/18/2005 5.c. Amount 13,670

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 13,670 **Objection See Donovan v. Rose Law Firm, 768 F.2d 964**

(8th Cir. 1985)

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. **Objection See Donovan v. Rose Law Firm, 768 F.2d 964 (8th Cir. 1985)**

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Gregory J Kamer	13,543	0	13,543
	0	0	0
	0	0	0
	0	0	0
	0	0	0

8. Total disbursements to officers and employees: 13,543

9. Office and Administrative Expenses	126
10. Publicity	0
11. Fees for Professional Services	0
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of Items 8-13)	13,669

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: N/A	15.b. Trade Name, if any: N/A
15.c. To Whom Paid Name N/A Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount 0 15.e. Purpose N/A

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0