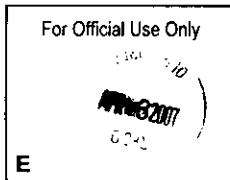


FORM LM-21

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.



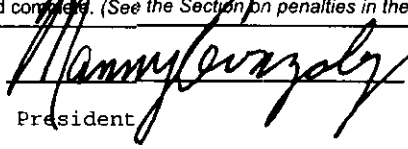
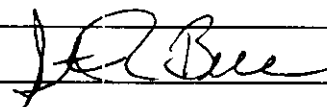
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 549	325981	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2006	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2006
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name	Name Manny Gonzalez
Title	Title President
Organization Direct Labor Training Corporation	Organization Direct Labor Training Corporation
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 502 N. Division Street	Street 211 W. Palmetto Drive, #7
City Carson City	City Alhambra
State Nevada	State California
ZIP Code + 4 89703	ZIP Code + 4 91801

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 	Treasurer (if other title, see instructions)
Title President		Title Other (Specify) V.P. Marketing & Administration	
On 03 / 21 / 2006	888-600-4008	On 03 / 23 / 2006	512-306-1665
Date	Telephone Number	Date	Telephone Number

Name of Person Filing:	File Number C- 549
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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 Mastec Satellite TV - Home Installation Trade Name Attention To Albert de Cardenas Title General Counsel		Mailing Address: P.O. Box, Building and Room Number, if any Street 806 Douglas Road City Coral Gables State Florida ZIP Code + 4 33134	
5.b. Termination Date		5.c. Amount 18,100	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 205,837			

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			
Stacee P Bell	50,000	0	50,000	9. Office and Administrative Expenses	1,214	
Manny Gonzalez	51,100	1,669	52,769	10. Publicity	0	
				11. Fees for Professional Services	0	
				12. Loans Made	0	
				13. Other Disbursements	0	
8. Total disbursements to officers and employees:			102,769	14. Total Disbursements (Sum of Items 8-13)	103,983	

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	15.d. Amount 0
Name Oliver J Bell Title Organization P.O. Box, Building and Room Number, if any Street 1009 Elder Circle City Austin State Texas ZIP Code + 4 78733	15.e. Purpose To persuade employees on the exercise of the right to support or not support a labor organization.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 42,010	

Name of Person Filing:	File Number C- 549
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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 Arvin Meritor, Inc. Trade Name Attention To: John Hock Title Human Resource Manager	Mailing Address: P.O. Box, Bldg., Room No., if any Street 100 Rockwell Drive City Fletcher State North Carolina ZIP Code + 4 28732
5.b. Termination Date	5.c. Amount 111,308

5.a. Name and Address of Employer (including trade name, if any). Employer The Doe Run Company Trade Name Attention To: Barbara Shepard Title V.P Human Resources & Community Rel	Mailing Address: P.O. Box, Bldg., Room No., if any Street 1801 Park 270 Drive Suite 300 City St. Louis State Missouri ZIP Code + 4 63146
5.b. Termination Date	5.c. Amount 69,632

5.a. Name and Address of Employer (including trade name, if any). Employer Hamilton Linen Supplies Trade Name Attention To: John Spence Title Vice President	Mailing Address: P.O. Box, Bldg., Room No., if any Street 1480 E 61st Ave City Denver State Colorado ZIP Code + 4 80216
5.b. Termination Date	5.c. Amount 6,797

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

Name of Person Filing:

File Number C- 549

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 Maurice Ambler Title Organization P.O. Box, Building and Room Number, if any Street 1747 Windmill Hill Lane City DeSoto State Texas ZIP Code + 4	15.d. Amount 10,250 15.e. Purpose To persuade employees on the exercise of the right to support or not support a labor organization.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name William Jonas Title Organization Eclipse, Inc P.O. Box, Building and Room Number, if any Street 7018 NW Emerald Hills Dr City Parkville State Missouri ZIP Code + 4 64152	15.d. Amount 11,680 15.e. Purpose To persuade employees on the exercise of the right to support or not support a labor organization.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Rosalyn Warren Title Organization P.O. Box, Building and Room Number, if any Street 6001 Tall Pine Blvd City Little Rock State Arkansas ZIP Code + 4 72204	15.d. Amount 8,400 15.e. Purpose To persuade employees on the exercise of the right to support or not support a labor organization.

