

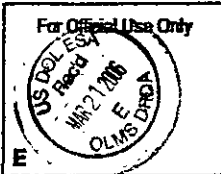
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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- <u>604</u>	2. Period Covered By This Report From: <u>1/1/2006</u> Through: <u>12/31/2006</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name: <u>FRANK G BARBERA</u>	Name: <u>SAME</u>
Title: <u>SOLE PROPRIETOR</u>	Title: <u>SAME</u>
Organization: <u>BARBERA + ASSOCIATES</u>	Organization: <u>SAME</u>
P.O. Box, Building and Room Number, if any <u>PO BOX 33285</u>	P.O. Box, Building and Room Number, if any <u>SAME</u>
Street: <u>-</u>	Street: <u>3308 ARDA ST</u>
City: <u>LAS VEGAS</u>	City: <u>LAS VEGAS</u>
State: <u>NV</u> ZIP Code + 4: <u>89133-3285</u>	State: <u>NV</u> ZIP Code + 4: <u>89129</u>

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: <u>[Signature]</u> Title: <u>President OWNER</u> On: <u>3/16/2006</u> Date: _____ Telephone Number: _____	18. Signed: <u>N/A</u> Title: <u>Treasurer</u> On: <u>1/1/</u> Date: _____ Telephone Number: _____
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Name of Person Filing: FRANK G. BARBERA	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 ALLIED WASTE SERVICES Trade Name ALLIED WASTE INDUSTRIES Attention To DICK HARBERT Title DISTRICT MANAGER		Mailing Address: P.O. Box, Building and Room Number, if any 15880 N. GREENWAY - HAYDEN WOP #100 Street City SCOTTSDALE State AZ ZIP Code + 4 PS260	
5.b. Termination Date 6/23/05		5.c. Amount \$16,200.00	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS THIS			

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
NO EMPLOYEES			
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 P/A 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 I HAVE NO EMPLOYEES			