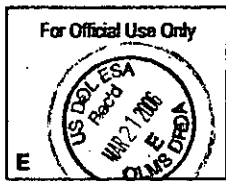


# FORM LM-21

## 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- <u>600</u> | 2. Period Covered<br>By This Report<br>From: <u>1/1/2006</u> Through: <u>12/31/2006</u> |
|------------------------------|---|

| A. Person Filing   |   |
|--|---|
| 3. Name and mailing address (include ZIP Code):<br>Name <u>FRANK G BARBERA</u><br>Title <u>SOLE PROPRIETOR</u><br>Organization <u>BARBERA AND ASSOCIATES</u><br>P.O. Box, Building and Room Number, if any <u>PO BOX 33285</u><br>Street <u>-</u><br>City <u>LAS VEGAS</u><br>State <u>NV</u> ZIP Code + 4 <u>89133</u><br><u>3285</u> | 4. Any other address where records necessary to verify this report are kept:<br>Name <u>SAME</u><br>Title <u>SAME</u><br>Organization <u>SAME</u><br>P.O. Box, Building and Room Number, if any <u>SAME</u><br>Street <u>3308 ARIBAST</u><br>City <u>LAS VEGAS</u><br>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><br>Title <u>President</u> <u>OWNER</u><br>On <u>3/16/2006</u> Date <u>760 485-2403</u> Telephone Number | 18. Signed <u>[Signature]</u><br>Title <u>Treasurer</u><br>On <u>1/1/</u> Date <u></u> Telephone Number |
|---|---|

|   |                |
|---|----------------|
| Name of Person Filing: <b>FRANK G BARBERA</b> | 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  | <b>ALLIED WASTE SERVICES</b>   | P.O. Box, Building and Room Number, if any | <b>15880 N. GREENWAY - HAYDEN LODGE #100</b> |
| Trade Name  | <b>ALLIED WASTE INDUSTRIES</b> | Street                                     |  |
| Attention To  | <b>PAUL ROSLAND</b>            | City                                       | <b>SCOTTDALE</b>                             |
| Title   | <b>DISTRICT MANAGER</b>        | State                                      | <b>AZ</b>                                    |
|   |                                | ZIP Code + 4                               | <b>85260</b>                                 |

|                       |                |             |                |
|-----------------------|----------------|-------------|----------------|
| 5.b. Termination Date | <b>8/26/05</b> | 5.c. Amount | <b>\$3,600</b> |
|-----------------------|----------------|-------------|----------------|

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 |
|---|------------|--------------|------------|
| <b>NO EMPLOYEES</b>                               |            |              |            |
|   |            |              |            |
|   |            |              |            |
|   |            |              |            |
|   |            |              |            |
|   |            |              |            |
| 8. Total disbursements to officers and employees: |            |              |            |

|   |  |
|---|--|
| 9. Office and Administrative Expenses       |  |
| 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 the instructions.

|   |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
|---|---------------------------|--------------------|--------------|------|--|-------|--|--------------|--|--|--|--------|--|------|--|-------|--|------------|--------------|
| 15.a. Employer Name:  | 15.b. Trade Name, if any: |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| <table border="1" style="width: 100%;"> <tr> <td>15.c. To Whom Paid</td> <td>15.d. Amount</td> </tr> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Title</td> <td></td> </tr> <tr> <td>Organization</td> <td></td> </tr> <tr> <td>P.O. Box, Building and Room Number, if any</td> <td></td> </tr> <tr> <td>Street</td> <td></td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>State</td> <td></td> </tr> <tr> <td>Washington</td> <td>ZIP Code + 4</td> </tr> </table> |                           | 15.c. To Whom Paid | 15.d. Amount | Name |  | Title |  | Organization |  | P.O. Box, Building and Room Number, if any |  | Street |  | City |  | State |  | Washington | ZIP Code + 4 |
| 15.c. To Whom Paid  | 15.d. Amount              |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| Name  |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| Title   |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| Organization  |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| P.O. Box, Building and Room Number, if any  |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| Street  |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| City  |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| State   |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| Washington  | ZIP Code + 4              |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
| 15.e. Purpose   |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |
|   |                           |                    |              |      |  |       |  |              |  |  |  |        |  |      |  |       |  |            |              |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  
**I HAVE NO EMPLOYEES**