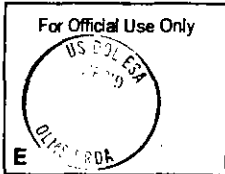


FORM LM-21

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)




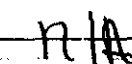
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 428	325 358	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1/01/06	Through:	Month/Day/Year (mm/dd/yyyy) 12/31/06
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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: Sal Duarte	Name: Same
Title: Sole Proprietor.	Title: Same
Organization: Agri-Labor Relations	Organization: Same
P.O. Box, Building and Room Number, if any: P.O. Box 498	P.O. Box, Building and Room Number, if any:
Street:	Street: 3337 Goffers Dr.
City: San Luis Rey,	City: Oceanside
State: Ca.	State: Ca.
ZIP Code + 4: 92068	ZIP Code + 4: 92056

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 Owner		Title: Treasurer	
On: 1/06/07	760-518-	On: 1/1/07	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Sal Duarte	File Number C- 428
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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) of Santa Maria Mailing Address:	
Employer Health Sanitation Services	P.O. Box, Building and Room Number, if any
Trade Name Waste Management	Street 1001 Fannin Str. Suite 4000
Attention To Mike Smith	City Houston
Title Market Area Manager	State Texas ZIP Code + 4 77002
5.b. Termination Date 4-07-06	5.c. Amount 19,197
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
n/A	
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: n/A	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name	
Title n/A	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY Sole Proprietor, I have 0 employees	