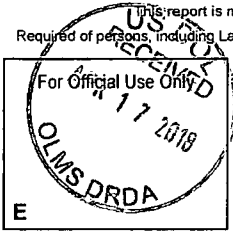


# FORM LM-21

## 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

675366

1. File Number C- 00604	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2017		12 / 31 / 2017

A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name      Frank                      G Barbera  Title        President  Organization Barbera and Associates  P.O. Box, Building and Room Number, if any  Street 33408 Ariba Street  City    Las Vegas  State Nevada                      ZIP Code + 4 89129	4. Any other address where records necessary to verify this report are kept:  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  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 <u>[Signature]</u> Title President On <u>03 / 27 / 2018</u> <u>760-485-2403</u> Date Telephone Number	President (if other title, see instructions)	18. Signed _____ Title Treasurer On <u>  /  /  </u> _____ Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Frank Barbera	File Number C- 00604
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Three J's Distributing Trade Name Attention To Jon Jones Title President	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street 16251 SE 98th Avenue City Clackamas State Oregon ZIP Code + 4 97015
<b>5.b. Termination Date</b> June 2, 2017	<b>5.c. Amount</b> 35,700
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 35,700	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
<b>7. Disbursements to Officers and Employees:</b>				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
None				<b>9. Office and Administrative Expenses</b>
				<b>10. Publicity</b>
				<b>11. Fees for Professional Services</b>
				<b>12. Loans Made</b>
				<b>13. Other Disbursements</b>
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b> None		<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b>		<b>15.d. Amount</b>
Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State Washington ZIP Code + 4		<b>15.e. Purpose</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b> <i>NONE</i>		