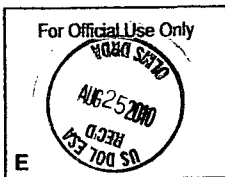


# FORM LM-21

## 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

433643

1. File Number C- 604	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2008	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2008
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Frank G Barbera  Title Owner  Organization Barbera and Associates  P.O. Box, Building and Room Number, if any  Street 3308 Ariba Street  City Las Vegas  State <del>Nevada</del> <b>NJ</b> ZIP Code + 4 89129	4. Any other address where records necessary to verify this report are kept:  Name Same  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 Title President On 08 / 20 / 2010 Date 760-485-2403 Telephone Number	18. Signed _____ Title Treasurer On / / Date _____ Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Frank Barbera	File Number C- 604
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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 Saginaw Chippewa Tribe  
 Trade Name  
 Attention To Sean Reed  
 Title Owner/President

Mailing Address:  
 P.O. Box, Building and Room Number, if any  
 Street 7500 Soaring Eagle Blvd  
 City Mt. Pleasant  
 State ~~Michigan~~ MI ZIP Code + 4 48858

5.b. Termination Date 12/21/2007 5.c. Amount 13,500

6. TOTAL RECEIPTS FROM ~~ALL~~ EMPLOYERS 13,500  
*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 NA Title Organization P.O. Box, Building and Room Number, if any Street City State <del>Washington</del> ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR <del>ALL</del> REPORTABLE ACTIVITY <i>This</i>	