

# 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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

301870

1. File Number C- <b>406</b>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2007		12 / 31 / 2007

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name Gregory J. Kamer  
Title President  
Organization Gregory J. Kamer, Ltd.  
P.O. Box, Building and Room Number, if any  
Suite 3  
Street 3000 West Charleston Blvd.  
City Las Vegas  
State Nevada ZIP Code + 4 89102-1990

#### 4. Any other addresses where records necessary to verify this report are kept:

Name N/A  
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  
President  
(if other title, see instructions)

18. Signed   
Title Treasurer  
Treasurer  
(If other title, see instructions)

On   
Date   
Telephone Number (702) 259-8640

On   
Date   
Telephone Number (702) 259-8640

Name of Person Filing: Gregory Kamer	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).		Mailing Address:	
Employer 155 East Tropicana, LLC		P.O. Box, Building and Room Number, if any	
Trade Name Hooters Casino Hotel		Street 115 East Tropicana Avenue	
Attention To Michael J Hessling		City Las Vegas	
Title President		State Nevada ZIP Code + 4 89109-7304	

5.b. Termination Date 03/29/2007	5.c. Amount 9,478
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS The Firm provided legal services unrelated to the work identified in the Firm's LM-20, dated 3/29/07, and received an additional \$78,355 in receipts from 155 East Tropicana, LLC during fiscal year 2007. See Donovan v. Rose Law Firm, 768 F.2d 964.

**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	
Gregory	J Kamer	9,478	0	9,478	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:			9,478	14. Total Disbursements (Sum of Items 8-13)	9,478

**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		15.d. Amount	
Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State ZIP Code + 4		15.e. Purpose	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY