## U.S. Department of



Office of Labor-Management Standards Washington, D.C. 20210 (Feb. 1986)

Required of Persons, Including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, As Amended (LMRDA) Form Approved. --No. 1214-0001 Expires: 12/31/86

## A .- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: 1. NAME AND ADDRESS (Include ZIP code)

Bernard F. Burdzinski II Burdzinski, Brinkman, Czarzasty & Landwehr Incorporated Post Office Box 41098 Dayton, Ohio 45441-0098

4. PERIOD 3. FILE NO. Month Day Year COVERED 3 13 2001 BY THIS 2001 4 REPORT

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.

NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Metropolis Big John Incorporated		\$ 1788.50
1200 East Fifth Street		4483.50
Metropolis, Illinois 62960		4016.00
		4018.00
		4924.50
		4998.00
		2205.00
		392.00
	TOTAL	\$26825.50

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.

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Connie S. Burdzinski	\$ 3344.	25 0	\$3344.25
John D. Czarzasty	1827.	50 0	1827.50
Total Disbursements to officers and	employees:		\$5171.75

9. Office and Administrative Expense	\$ 999.99
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements	6171 74

(Sum of items 8-13)

D .-- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions 15. EMPLOYER 16. TO WHOM PAID 17. AMOUNT 18. PURPOSE Independent consultant assisting \$9273.25 Nealy Glenn Nealy Glenn in preparation of an anti-union campaign

> \$9273.25 TOTAL

## IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

EVERIFICATION AND SIGNATURE.	The person in item 1 above and each	n of his undersigned authorized officers	declares, under penalty of law, that all
information in this report, including all	attachments incorporated therein or	referred to in this report, has been exa-	mined by him and is, to the best of his
knowledge and belief, true, correct, an	d complete.		

signed: Once A Burdyuski President (If other title, cross out and write in correct title above.)

TREASURER (If other title, cross out and write in correct title above.)