

Receipts and Disbursements Report

Employment Standards Administration
Office of Labor-Management Standards




Office of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1990)

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 – OMB
No. 1215-0188
Expires 07-31-2004

A.- PERSON FILING

| 1. NAME AND ADDRESS (include ZIP code) Cynthia Sauter Independent Contractor Post Office Box 41098 Dayton, Ohio 45441-0098 | | 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: | | | | | | | | | | | |
|---|-----|---|--|--|-------|-----|------|----|----|------|----|----|------|
|  | | 3. FILE NO. C- 563 | 4. PERIOD COVERED BY THIS REPORT From: To: | <table border="1"> <thead> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>11</td> <td>01</td> <td>2002</td> </tr> <tr> <td>12</td> <td>05</td> <td>2002</td> </tr> </tbody> </table> | Month | Day | Year | 11 | 01 | 2002 | 12 | 05 | 2002 |
| Month | Day | Year | | | | | | | | | | | |
| 11 | 01 | 2002 | | | | | | | | | | | |
| 12 | 05 | 2002 | | | | | | | | | | | |

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.

[illegible]

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.

8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

| (a) Name | (b) Salary | (c) Expenses | (d) Totals |
|--|------------|--------------|------------|
| Cynthia Sauter | \$ 8318.00 | \$ 81.00 | \$ 8399.00 |
| | | | |
| | | | |
| | | | |
| 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) | \$8399.00 |

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 |
|--------------|------------------|------------|-------------|
| | | \$ | |
| | | | |
| | | | |
| | | | |
| TOTAL | | \$ | |

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

E.- VERIFICATION AND SIGNATURE. The person in item 1 above and each 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 examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

NO TO THE USE OF THIS AGREEMENT AND CERTAIN, TRUE, CORRECT, AND VERIFIABLE.
 SIGNED: Kip M. Skelton, PRESIDENT Ind. SIGNED: Kip M. Skelton, TAKASOMER
 at: Dayton, OH on: 1-8-03 (If other title, cross out Cont. at: Dayton, OH on: 1-8-03 (If other title, cross out
 City State Date and write in correct title above.) City State Date and write in correct title above.)