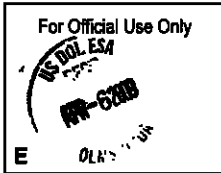


FORM LM-21

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

393822

1. File Number C- <u>630</u>	2. Period Covered By This Report From: <u>01 / 01 / 2008</u> Through: <u>12 / 31 / 2008</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Olivia Bell</u> Title <u>Office Manager</u> Organization <u>Oliver J. Bell & Associates</u> P.O. Box, Building and Room Number, if any Street <u>13449 Dulles Avenue</u> City <u>Austin</u> State <u>Texas</u> ZIP Code + 4 <u>78729</u>	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 <u>President</u> President (If other title, see instructions)	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> Treasurer (If other title, see instructions)
On <u>03 / 17 / 2009</u> <u>512-249-6200</u> Date Telephone Number	On <u>03 / 17 / 2009</u> <u>512-249-6200</u> Date Telephone Number

Name of Person Filing: Olivia Bell	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 Hertz Corporation	P.O. Box, Building and Room Number, if any
Trade Name	Street 225 Brae Boulevard
Attention To Lou Franzese	City Park Ridge
Title	State New Jersey ZIP Code + 4 07656
5.b. Termination Date 9/30/08	5.c. Amount 11,150
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 78,800	

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		
Bell Oliver	6,000	0	6,000	9. Office and Administrative Expenses	0
Gonzalez Manuel	9,375	0	9,375	10. Publicity	
Alberico Robert	3,750	0	3,750	11. Fees for Professional Services	
Jonas Bill	10,500	0	10,500	12. Loans Made	
Bell Xavier	6,000	0	6,000	13. Other Disbursements	
8. Total disbursements to officers and employees:				35,625	14. Total Disbursements (Sum of Items 8-13) 35,625

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: Oliver J. Bell & Associates, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Oliver Bell Title President Organization Oliver J. Bell & Associates, Inc. P.O. Box, Building and Room Number, if any Street 13449 Dulles Avenue City Austin State Texas ZIP Code + 4 78729	15.d. Amount 6,000 15.e. Purpose To inform employees of their right to support or not support a labor organization.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 35,625	

Name of Person Filing: Olivia Bell		File Number C-	
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 International RAM Associates		P.O. Box, Bldg., Room No., if any Suite 100	
Trade Name		Street 11044 Research Blvd.	
Attention To: Mary Hawthorne		City Austin	
Title		State Texas ZIP Code + 4 78759	
5.b. Termination Date 1/31/08		5.c. Amount 11,600	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer MasTec Satellite		P.O. Box, Bldg., Room No., if any 12th Floor	
Trade Name		Street 800 Douglas Road	
Attention To: Virginia Pagliery		City Coral Gables	
Title		State Florida ZIP Code + 4 33134	
5.b. Termination Date 8/31/08		5.c. Amount 48,950	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer PNM Resources, Inc.		P.O. Box, Bldg., Room No., if any MS-1200	
Trade Name		Street Alvarado Square	
Attention To: Carol Dominguez-Shay		City Albuquerque	
Title		State New Mexico ZIP Code + 4 87158	
5.b. Termination Date 10/31/08		5.c. Amount 7,100	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Olivia Bell	File Number C-
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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: Oliver J Bell and Associates, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Manuel Gonzalez Title Chief Operating Officer Organization Oliver J. Bell & Associates, Inc. P.O. Box, Building and Room Number, if any Street 13449 Dulles Avenue City Austin State Texas ZIP Code + 4 78729	15.d. Amount 9,375 15.e. Purpose To inform employees of their right to support or not support a labor organization.

15.a. Employer Name: Oliver J Bell and Associates, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Robert Alberico Title Consultant Organization Oliver J. Bell & Associates P.O. Box, Building and Room Number, if any Street 13449 Dulles Avenue City Austin State Texas ZIP Code + 4 78729	15.d. Amount 3,750 15.e. Purpose To inform employees of their right to support or not support a labor organization.

15.a. Employer Name: Oliver J Bell and Associates, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Bill Jonas Title Vice-President, Labor Relations Organization Oliver J. Bell & Associates P.O. Box, Building and Room Number, if any Street 13449 Dulles Avenue City Austin State Texas ZIP Code + 4 78729	15.d. Amount 10,500 15.e. Purpose To inform employees of their right to support or not support a labor organization.

Name of Person Filing: Olivia Bell	File Number C-
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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: Oliver J Bell and Associates, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Xavier Bell Title Consultant Organization Oliver J. Bell & Associates P.O. Box, Building and Room Number, if any Street 13449 Dulles Avenue City Austin State Texas ZIP Code + 4 78729	15.d. Amount 6,000 15.e. Purpose To inform employees of their right to support or not support a labor organization.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose