



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. — OMB
No. 1214-0001
Expires: 12/31/86

A.—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code)

Sunbelt Organization Services, Inc.
8711 East Pinnacle Peak Road, #287
Scottsdale, Arizona 85255

2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:

3. FILE NO.
C- 0322

4. PERIOD COVERED BY THIS REPORT

	Month	Day	Year
From:	1	1	2000
To:	12	31	2000

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. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)

Waste Management, c/o 1224 Hayes Boulevard,
Bristol, PA 19007 - For locations at The Forge/
Phil., PA; Delaware Valley-South/Primos, PA; &
Phil. Transfer/Phil., PA

[illegible]

9-28-00	\$ 3,608.51
---------	-------------

Bristol, PA 19007 - For locations at The Forge/
Phil., PA; Delaware Valley-South/Primos, PA; &
Phil. Transfer/Phil., PA

No petition filed

Waste Management, 1224 Hayes Boulevard,
Bristol, PA 19007

10-20-00	17,081.76
----------	-----------

Catelli Brothers, 50 Ferry Avenue,
Collingswood, NJ 08108

10-20-00	31,795.11
----------	-----------

CONTINUED ON	PAGE 8
--------------	--------

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

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
	\$	\$	\$
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) \$

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

[illegible]

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.

SIGNED: _____ PRESIDENT
 at: _____ on: _____
 City State Date
 (If other title, cross out and write in correct title above.)

SIGNED: _____, TREASURER
(If other title, cross out and write in correct title above.)
at: City State on: _____ Date _____



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. — OMB
No. 1214-0001
Expires: 12/31/86

A.—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code) Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Scottsdale, Arizona 85255		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:			
3. FILE NO. C- 0322		4. PERIOD COVERED BY THIS REPORT	Month	Day	Year
		From:	1	1	2000
		To:	12	31	2000

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. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Del Webb Communities/Whisper Creek Golf Club, 12840 Del Webb Boulevard, Huntley, IL 60142	11-11-00	\$ 29,329.74
Cedar Chemical Corporation, 49 Phillips Road, #311, Helena, AR 72342	11-17-00	114,514.63
TEVA Pharmaceuticals USA, 5000 Snyder Drive, Mexico, MO 65265	12-14-00	122,704.92
Delcard Associates, Inc., 19 Germay Drive, Wilmington, DE 19804	12-20-00	Open
	CONTINUED ON	PAGE 9
	TOTAL	\$

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
	\$	\$	\$
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)	

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	\$	

RECEIVED

MAR 30 2001

USDOL/ESA
ULMS/DDE/SRD

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.

SIGNED: _____ **PRESIDENT**
(If other title, cross out and write in correct title above.)
at: _____ **City** _____ **State** _____ **on:** _____ **Date**

SIGNED: _____ **TREASURER**
(If other title, cross out and write in correct title above.)
at: _____ **City** _____ **State** _____ **on:** _____ **Date**



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. — OMB
No. 1214-0001
Expires: 12/31/86

A.—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code) Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Scottsdale, Arizona 85255		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:		
3. FILE NO. C- 0322	4. PERIOD COVERED BY THIS REPORT From: _____ To: _____	Month 1 12	Day 1 31	Year 2000 2000

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. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
United Sleep Products, 11 Industrial Circle, Leola, PA 17603	On-going	\$ Open
	TOTAL	\$993,353.32

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		
No disbursements	\$-----	\$-----	\$-----	9. Office and Administrative Expenses	\$ N/A
				10. Publicity	"
				11. Fees for Professional Services	"
				12. Loans Made	"
				13. Other Disbursements	"
				14. Total Disbursements	"
Total Disbursements to officers and employees:			\$	(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
North American Employers Group, LLC	The company as shown*	\$993,353.32	Labor relations advice & expenses
	*Officers, consultants and employees		
	TOTAL	\$993,353.32	

RECEIVED
MAR 30 2001
USDOL/ESA

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.

knowledge and belief, true, correct, and complete.

Chairman/CEO _____ Secretary/ _____

SIGNED: L. K. Campbell PRESIDENT SIGNED: Joanne M. Verhart TREASURER

at: Scottsdale, AZ on: 2-23-01 (If other title, cross out and write in correct title above.) at: Scottsdale, AZ on: 2-23-01 (If other title, cross out and write in correct title above.)

City State Date City State Date