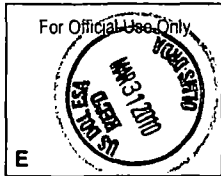


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

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

427352

1. File Number C- 630	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2009		12 / 31 / 2009

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name Olivia Bell	4. Any other address where records necessary to verify this report are kept:
Title Office Manager	Name
Organization Oliver J. Bell & Associates	Title
P.O. Box, Building and Room Number, if any	Organization
Street 13449 Dulles Avenue	P.O. Box, Building and Room Number, if any
City Austin	Street
State Texas ZIP Code + 4 78729	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	President (if other title, see instructions)	18. Signed	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On 03 / 15 / 2010	512 249-6200	On 03 / 15 / 2010	512 249-6200
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Olivia Bell	File Number C-
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<b>B. Statement of Receipts</b> 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 MasTec Satellite	P.O. Box, Building and Room Number, 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 4/30/09	5.c. Amount 9,180
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 13,180	

<b>C. Statement of Disbursements</b> 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		
Gonzalez Manuel	2,500	0	2,500	9. Office and Administrative Expenses	
Bell Xavier	1,500	0	1,500	10. Publicity	
Bush Natasha	1,800	0	1,800	11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			5,800	14. Total Disbursements (Sum of Items 8-13)	5,800

<b>D. Schedule of Disbursements for Reportable Activity</b>		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	15.d. Amount 2,500	
Name Manuel Gonzalez	15.e. Purpose	
Title Chief Operating Officer	To inform employees of their right to support or not support a labor organization.	
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		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 5,800		

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.

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Finley Asphalt Trade Name Attention To: Eric Finley Title President	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 9105 Industry Drive City Manassass Park State Virginia ZIP Code + 4 20111
5.b. Termination Date 8/31/09	5.c. Amount 4,000

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

Name of Person Filing: Olivia Bell	File Number C-
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<b>D. Schedule of Disbursements for Reportable Activity</b>	Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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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 1,500  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 Natasha Bush 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 1,800  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