

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

LM-21  
(Rev. 2/86)

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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)

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#### 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.

0322

**4. PERIOD COVERED BY THIS REPORT**

**From:**  
**To:**

Month	Day	Year
1	1	2000
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)

Tempco Insulation Corp., 431 St. Mihiel Drive,  
Riverside, NJ 08075

6. TERMINATION DATE      7. AMOUNT

9-9-00	\$ 2,000.00
(Partial payment)	

Waste Management/Logano Trucking, 209 Pickering  
Street, Portland, CT 06480

9-15-00	9,920.36
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Coca-Cola Bottling Co. of S.E. N.E.,  
951 Bank Street, New London, CT 06320

9-22-00	40,004.60
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Build All Construction, Inc., 757 Lincoln  
Boulevard, Middlesex, NJ 08846

10-9-00	4,750.38
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<b>TOTAL</b>	<b>\$</b>
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**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  
(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 \_\_\_\_\_