Receipts and Disbursement Report

U.S. Departme. of Labor

Employment Standards Administration Office of Labor-Management Standards



Office of Labor-Management Standards Washington, D.C. 20210 (Feb. 1990)	Consultants Under Secti	Persons, including Lat and Other Individuals on 203(b) of the Labor nd Disclosure Act of 19	and Organizations,	No. 121 Expires	oproved - OMB 5-0188 11-30-2002
	A PERSO	ON FILING			
1. NAME AND ADDRESS (include ZIP code) Walter J. Stilphen 23 Pinelake Drive		2. ANY OTHER	ADDRESS WHERE REC		SSARY
Williamsville, NY 14221		3. FILE NO.	4. PERIOD COVERED		ay Year
		565	BY THIS From: REPORT To:		01 2002
purposes	of the advice or service		labor relations advice o		
County Ambulance, Inc. P.O. Box 724 Ellsworth, ME 04605	nclude ZIP code)		6. TERMINATI		3,526,95
				.v.	
	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			TOTAL	\$	3,526.95
(a) Name (b) Sala Walt. Shiphen \$ 2,50		\$ 3,5 26.9 10. Pt			
D.— SCHEDULE FOR STATEMENT OF DISB	URSEMENTS. Use th	his Schedule to report of D of the instructions.	only disbursements made		
15. EMPLOYER - 16.	TO WHOM PAID	17. AMOUNT	18. PURPOSE		
		\$			
				((Seca Se
	TOTA	L \$			UNO
E.— VERIFICATION AND SIGNATURE. The of law, that all information in this report, includes, to the best of his knowledge and belief, true	person in item 1 ab ding all attachments in	ncorporated therein or	indersigned authorized	officers decla	ares, under penali amined by him ar
at: Williamsville, Ny on: 12/13/ce (17	PRESIDENT other title, cross out d write in correct title al	SIGNED:	on:	(If other title, and write in	_ , TREASURER . cross out correct title above.)