





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)				2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:			
Sunbelt Organization Services, Inc. 8711 East Pinnacle Peak Road, #287 Scottsdale, Arizona 85255							
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
Ken-Crest Services, One Plymouth Meeting, Suite 530, Plymouth Meeting, PA 19462	4-14-00	\$ 66,555.51
Waste Management, Inc., 136 Bradley Road, Woodbridge, CT 06525	4-28-00	4,865.18
Waste Management of Miami, 2125 N.W. 10th Court, Miami, FL 33127 (Mechanics) (IBT #769)	5-16-00	21,406.00
Waste Management of Miami, 2125 N.W. 10th Court, Miami, FL 33127 (Drivers) (IBT #769)	6-30-00	47,726.53
	CONTINUED ON	PAGE 3
	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	\$	

the instructions.

**R E C E I V E**

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MAR 30 2001

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USDOL/ESA  
CLMS/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 \_\_\_\_\_



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<b>3. FILE NO.</b> C- 0322	<b>4. PERIOD COVERED BY THIS REPORT</b> From: 1/1/2000 To: 12/31/2000	<b>Month</b> 1 12	<b>Day</b> 1 31	<b>Year</b> 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
Casella Waste Systems, Inc., 150 St. Charles St., Newark, NJ 07105	5-17-00	\$ 3,713.55
Vogel Disposal Services, Inc., 121 Brickyard Road, Mars, PA 16046	5-19-00	6,087.69
Waste Management, Inc./Reliable Refuse, 600 Nutmeg Road North, South Windsor, CT 06074	5-26-00	25,705.82
Passavant Memorial Homes, 610 Reno Street, Rochester, PA 15074	6-2-00	77,030.87
	CONTINUED ON	PAGE 4
	TOTAL	\$

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		\$	
<b>TOTAL</b>		\$	

RECEIVED  
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**SIGNED:** \_\_\_\_\_ **PRESIDENT**  
(If other title, cross out and write in correct title above)

**at:** \_\_\_\_\_ **on:** \_\_\_\_\_  
City State Date

SIGNED: \_\_\_\_\_, TREASURER  
(If other title,  
cross out and  
write in correct  
title above.)

at: \_\_\_\_\_ on: \_\_\_\_\_  
City State Date