

State

Date

U.S. Department of Labor

Employment Standards Administration



Office of Labor-Management Standards Form approved - OMB Office of Labor-Management Standards Required of Persons, Including Labor Relations No. 1215-0188 Washington, D.C. 20210 Consultants and Other Individuals and Organizations, Expires 11-30-2002 (Feb. 1990) Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY 1. NAME AND ADDRESS (include ZIP code) TO VERIFY THIS REPORT ARE KEPT: Tactical Advisory Group 28 W. Orchard Road Ft. Mitchell, KY 41011 3. FILE NO. 4. PERIOD Year Month Day COVERED 2002 Jan BY THIS From: 31 2002 Dec REPORT To: 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 Hunter Ambulance Dan Hunter, President 450-462 West Main Street 6/27/02 Meriden, Connecticut 06451 83348,23 \$83348.23 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: 9. Office and Administrative (d) Totals (b) Salary (c) Expenses 10.00 (a) Name Expenses **\$3480.00 \$** 3480.00 Elaine Sanderson Blue \$ 10. Publicity 79920,23 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 83480.23 (Sum of Items 8-13) Total Disbusements to officers and employees: D.- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 17. AMOUNT 15. EMPLOYER 18. PURPOSE 16. TO WHOM PAID 79920.23 Persuader activities in connection Hunter Ambulance Adams, Nash, Haskell & Sheridan with a union election. 79920.23

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

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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, Irue, correct, and complete. , PRESIDENT SIGNED: 🚄 on: <u>2/21</u> on: 2/23/83 (If other title, cross out (If other title, cross out at: / 1914 st. Fai and write in correct title above.) and write in correct title above.) City

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