

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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)

For Official Use Only

RECEIVED

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

727514

1. File Number C- 67799

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01 / 01 / 2019

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2019

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Oliver J Bell
Title Consultant
Organization Labor Communications Services, LLC
P.O. Box, Building and Room Number, if any
Street 21394 Big Buck Dr.
City Cleveland
State Texas ZIP Code + 4 77328-8888

4. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Building and Room Number, if any
Street
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 [Signature] President
(if other title, see instructions)

18. Signed [Signature] Treasurer
(If other title, see instructions)

On 3/31/2020 281.593.1690
Date Telephone Number

On 3/31/2020 281.593.1690
Date Telephone Number

Name of Person Filing: Oliver Bell

File Number C- 67799

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.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Building and Room Number, if any

Employer PHillips 66

Trade Name

Street 2331 City West Blvd

Attention To

Peter

Terenzio

City

Houston

Title

Vice President Labor Relations

State

Texas



ZIP Code + 4

77042-0000

5.b. Termination Date 6/29/2019

5.c. Amount 8,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,000

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.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

Oliver	J	Bell	8,000		8,000	9. Office and Administrative Expenses	
			0		0	10. Publicity	
			0		0	11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	
8. Total disbursements to officers and employees:					8,000	14. Total Disbursements (Sum of Items 8-13)	8,000

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Phillips 66

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Oliver

J

Bell

Title

Consultant

Organization

Labor Communications Services, LLC

P.O. Box, Building and Room Number, if any

Street 21394 Big Buck Drive

City Cleveland

State Texas



ZIP Code + 4

77328-8888

15.d. Amount 8,000

15.e. Purpose

To educate employees on their right to support or not support a union.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

8,000

LABOR COMMUNICATION SER. LLC
21394 BIG BUCK DR
CLEVELAND, TX 77328