Receipts and Disbursements Repu

Total Disbusements to officers and employees:

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB Required of Persons, Including Labor Relations Office of Labor-Management Standards No. 1215-0188 Consultants and Other Individuals and Organizations. Washington, D.C. 20210 Expires 07-31-2004 Under Section 203(b) of the Labor-Management (Feb. 1990) 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: Ms. Cynthia Sauter Independent Contractor Post Office Box 41098 3. FILE NO. 4. PERIOD Day Year Month COVERED Dayton, Ohio 45441-0098 ០1 01 2002 BY THIS From: REPORT To: 12 2002 31 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 Medic One Ambulance Service Incorporated 2638 Houston Street 08/13/02 6320.13 Dearborn, Michigan 48124 Bellefontain Gardens Incorporated <u> 1220 North Main Street</u> 06/14/02 5279.75 Sikeston, MO 63801 Tech 2000 Woodworks Incorproated 110 Jayhawk Drive 12/05/02 8318.00 Jeannette, PA 15644 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 8. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: 9. Office and Administrative (d) Totals (b) Salary (c) Expenses (a) Name Expenses N/A 10. Publicity 11. Fees for Professional Services 12. Loans Mede 81.0013. Other Disbursements 14. Total Disbursements

PITTSBURGH

CEVENCE

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 17. AMOUNT 18. PURPOSE 16. TO WHOM PAID

TOTAL IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS 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. Independent, Contractor Independent Contractor Independent Contractor Independent Signed:

1. Dayton, OH on: 3/24/03(if other title, cross out at Dayton) OH of the OH E- VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty

and write in correct title above.) and write in correct title above.) City Date

(Sum of items 8-13) \$ 19998.88