



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) Sunbelt Organization Services, Inc. 759 Bloomfield Avenue, No. 142 West Caldwell, NJ 07006		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:		
3. FILE NO. C- 0322	4. PERIOD COVERED BY THIS REPORT From:	Month 01	Day 01	Year 2002
	To:	12	31	2002

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
Frey Mechanical, 1926 Auction Road Manheim, PA 17545	9-6-02	\$ 1,863.50
Young's Medical Equipment, Inc. 3320 Nazareth Road, Easton, PA 18046	9-9-02	8,340.07
CHC Industries, Inc. (Cleaners Hanger Company) 8801 Wise Avenue, Baltimore, MD 21222	9-17-02	25,000.00
PhilCorr, LLC, 2317 Almond Road, Vineland, NJ 08360	10-17-02	24,815.12
	CONTINUED ON	PAGE 6
	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 D.

1. 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 9-13)	\$

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

[illegible]

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

SIGNED:

TREASURER

City State Date

(If other title,
cross out and
write in correct
title above.)

at: _____ City _____ State _____ Date _____

(If other title,
cross out and
write in correct
title above.)

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No. 1214-0001
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4. PERIOD COVERED BY THIS REPORT	From:	Month 01	Day 01	Year 2002
	To:	12	31	2002

LM-21
(Rev. 2/86)



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3. FILE NO.	4. PERIOD COVERED BY THIS REPORT	Month	Day	Year
C- 0322	From:	01	01	2002
	To:	12	31	2002

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
Waste Management Del Val North Div., 1224 Hayes Boulevard, Bristol, PA 19007	12-20-02	\$ OPEN
Interstate Waste Services, 217 Ponier Street, Newark, NJ 07114	12-22-02	OPEN
Millennium Paper, Inc., 25-L Airmont Road Airmont, NY 10931	12-22-02	OPEN
Interstate Waste Services of NJ, Inc., 200 Sterling Mine Road, Sloatsburg, NY 10974	12-22-02	OPEN
CONTINUED ON PAGE 8		
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 A.

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.

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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:

at	City	State	on	Date
----	------	-------	----	------

PRESIDENT
her title,
out and
in correct
above.)

SIGNED:

City _____ State _____ Date _____

TREASURER

(If other title,
cross out and
write in correct
title above.)



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3. FILE NO. C- 0322	4. PERIOD COVERED BY THIS REPORT From: To:	Month 01 12	Day 01 31	Year 2002 2002

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
Waste Management Company 1611 South Washington, Kennewick, WA 99337	OPEN	\$OPEN
Excel Transfer Corporation 876 North Lenola Road, Ste. 6B, Moorestown, NJ 08057	5-9-01	OPEN
Scotland Yard Security Services, Ltd. 2233 West Allegheny Avenue, Philadelphia, PA 19132	12-6-02	1,757.83
	TOTAL	\$809,202.94

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.

A. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
No Disbursements	\$	\$	\$
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses	\$ N/A
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
North American Employers Grp, LLC	The Company as shown*	\$809,202.94	Labor relations advice and expenses
	*Officers, consultants and employees		
	TOTAL	\$809,202.94	

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SIGNED:

at: Fairfield, ME on: 03-11-2003

PRESIDENT
(If other title, cross out and write in correct title above.)

3. 实验结果

st. Fairfield, NU on: 03-11-2003

Secretary/
TREASURER

(if other title,
cross out and
write in correct
title above)