



Receipts and Disbursements Report

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards



Office of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1990)

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)

A- PERSON FILING

1. NAME AND ADDRESS (include ZIP code)		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:		
LEE BELL 113 DEVON LN. WILMER TX. 75172				
3. FILE NO. C- 573	4. PERIOD COVERED BY THIS REPORT From: To:	Month	Day	Year
		10	28	02
		11	15	02

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
XXXXXXXXXX XXXXX XXXXXXXXXX	11/15/02	\$ 6,000
XXXXXXXXXX XXXXX XXXXXXXXXX		
XXXXXXXXXX XXXXX XXXXXXXXXX		
LEE J Bell 163 DEVON LN WILMER TX. 75172		
	TOTAL	\$ 6,000

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.

8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Lee Bell	\$5,440	\$560.00	\$6,000
Airships		560.00	560.00
Total Disbursements to officers and employees:			\$5,440

9. Office and Administrative Expenses \$

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements 560.00

14. Total Disbursements (Sum of Items 8-13) \$ 560.00

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
Lee Bell	Lee Bell	\$4,000	CONSULTING
	TOTAL	\$6,000	

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: WILMER TR , PRESIDENT
at: WILMER TR on: 3/25/83 (If other title, cross out
City State Date and write in correct title above.)

SIGNED: WILMER TR , TREASURER
at: WILMER TR on: 3/25/83 (If other title, cross out
City State Date and write in correct title above.)