U.S. Department of

Required of Persons, Including Labor Relations Consultants and Other Individuals and Organizations,



Form Approved. — OMB No. 1214-0001

Office of Labor-Management S Washington, D.C. 20210 (Feb. 1986)	Standards	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.—PER	SON FILING							
1. NAME AND ADDRESS (Inc	lude ZIP code)		2. ANY OTHE	R ADDRES	WHERE RECORDS	NECESSA	RY			
	ation Services, cle Peak Road, #		TO VERIFY	THIS REPO	RI ARE REFI					
beoresdare, Arra	1011d 03233		3. FILE NO.	,	4. PERIOD	Month	Day	Year		
			032	2	BY THIS From:	1	1	2000		
					REPORT To:	112	31	2000		
B.—STATEMENT OF RECEIPT	 Report all receipts from em the advice or services. 	ployers in co	onnection with la	bor relations	advice or services re	egardless	of the pu	irposes of		
5. NAME AND ADDRESS OF	EMPLOYER (Include ZIP code)				6. TERMINATIO	N DATE	7. AM	OUNT		
Waste Management of Connecticut, Inc., 182 Danbury					y 12-23	12-23-99 \$ 23,				
Road, New Milfo					Paid 1-1	0-00				
77. 1. 16	1 - 6 16	T	7 /1- /- 17		2 70	0.0		2 002		
	nt of Missouri, Rolla, P.O.Box 6				3-10-	.00	-	3,802.		
management of I	NULLA, F.U.BOX	3/U, K	JIIa, MO	0340	2					
Yuma Regional M	Medical Center,	2400	Avenue A	,	3-24-	0.0	145,790.			
Yuma, AZ 85364	1									
77 1 36	1 - C Mii	T	7 /1- /- T-T		2.24	0.0	-	C E / E		
	nt of Missouri, Lebanon, 33924 (aste	3-24-	.00	6,545.			
	5536	Tathe	DI.,		CONTINUE	CONTINUED ON				
					TOTAL		\$			
Total Disbursements to office	cers and employees:	\$		13. Other	Disbursements Disbursements (Sum of items	0.121	-	e de la companya della companya della companya de la companya della companya dell		
D.—SCHEDULE FOR STATEM	ENT OF DISBURSEMENTS. Us	e this Sched	dule to report on	ly disbursem			cribed in	Part D of		
15. EMPLOYER	16. TO WHOM PAID	e instruction	17. AMOUNT	18. PI	JRPOSE	1	P.			
						1				
		-/	\$			//				
		1				B R B I W B				
					TO T		1			
						1115				
		.				MAR 3	3 0 20	0 10		
				1						
						USDI	OL/ESA			
		TOTAL	\$	1	2722	OLINO	002/ 511	0		
	IF HORE COLOR			f						
	IF MORE SPACE									
	ATURE. The person in item 1 all luding all attachments incorporate prect, and complete.									
SIGNED:	(If oth cross write	PRESIDENT per title, out and in correct	SIGNED:		on:		(If other cross ou write in	t and correct		
City State	Date title a	bove.)	City	State	Date	1	title abo	ve.)		
							(Re	LM-21 ev. 2/86)		

U.S. Department of



Office of Labor-Management Standa Washington, D.C. 20210 (Feb. 1986)	urds	Consulta Under S	d of Persons, Inclu- ants and Other Ind Section 203(b) of the ag and Disclosure	lividuals and ne Labor-Ma	Organizations,	No. 1 Expire	Approv 214-00 es: 12/3	
		A.—PEF	RSON FILING					
1. NAME AND ADDRESS (Include 2	(IP code)		2. ANY OTHER	R ADDRESS	WHERE RECORDS	NECESSARY	r	
Sunbelt Organizat 8711 East Pinnacl								
Scottsdale, Arizo	na 85255		3. FILE NO.		4. PERIOD COVERED	Month	Day	Year
	10	7.	0322		BY THIS From: REPORT To:	12	<u>1</u> 31	2000
B.—STATEMENT OF RECEIPTS. R	eport all receipts from le advice or services.	n employers in o	connection with la	bor relations	advice or services re	gardless of	the pu	rposes of
5. NAME AND ADDRESS OF EMPL	OYER (Include ZIP co	de)			6. TERMINATION	DATE	7. AM	OUNT
Ken-Crest Service	s, One Ply	mouth Me	eeting,		4-14-	00	66	6,555.51
Suite 530, Plymou	th Meeting	, PA 19	9462					
Waste Management, Woodbridge, CT 0	•	Bradley	Road,		4-28-	00		4,865.18
Waste Management	of Miami	2125 NI TA	1 10+b C	ourt	5-16-	00	2.	1,406.00
Miami, FL 33127		nics)(IF		Ourt,	3-10-	00		1,400.00
Waste Management Miami, FL 33127	of Miami,	2125 N.W	V. 10th C	ourt,	6-30-	00	4	7,726.53
					CONTINUE	D ON I	PAGI	Ξ 3
Total Disbursements to officers a D.—SCHEDULE FOR STATEMENT	nd employees: DF DISBURSEMENTS.	Use this Sche		11. Fees f 12. Loans 13. Other 14. Total	Disbursements Disbursements (Sum of items	8–13) _1	bed in	Part D of
16. EMPLOYER	16. TO WHOM PA	ID .	17. AMOUNT	18. PL	IRPOSE			
			\$					
				-		MAR 3	0 20	
						USDO OLMS/I	NL/JESA NOW //SR	RD
		TOTAL	: /					
	IF MORE SE	PACE IS NEEDE	D ATTACH ADDIT	IONAL SHE	ETS			
E.—VERIFICATION AND SIGNATURE information in this report, including knowledge and belief, true, correct,	all attachments incor						o the be	
/		f other title, ross out and rite in correct tie above	at:City	State	on:Date	cre wr	other oss out rite in o le abov	title, and correct (e.)
							(Rei	LM-21 v. 2/86)

U.S. Department of



Office of Labor-Management Standard Washington, D.C. 20210 (Feb. 1986)	ds .	Consultar Under Se	of Persons, Incluints and Other Indection 203(b) of the and Disclosure	lividuals and ne Labor-Ma	Organizations, nagement		No. 1 Expire	Approv 214-000 es: 12/3	
		A.—PER	SON FILING						
1. NAME AND ADDRESS (Include ZI Sunbelt Organizati 8711 East Pinnacle Scottsdale, Arizor	ion Services Peak Road		2. ANY OTHER TO VERIFY	R ADDRESS THIS REPO	WHERE REC RT ARE KEPT:	ORDS N	ECESSAR	Y	
,			3. FILE NO. 0322		4. PERIOD COVERED BY THIS REPORT	COVERED BY THIS From:		Day Year 1 2000 31 2000	
B.—STATEMENT OF RECEIPTS. Re the	e advice or services.		onnection with la	bor relations	advice or serv			the pur	
Casella Waste Syst			Charles	s St		17-0			,713.55
Newark, NJ 07105	.ems, Inc.,	100 00	· CHALLE.	5 00.7		17 0			
<u>Vogel Disposal Ser</u> Mars, PA 16046	vices, Inc	., 121 1	Brickyard	d Road	, 5-	19-0	0	6	,087.69
Waste Management, Road North, South				Nutme	g 5-	26-0	0	25	<u>,705</u> .82
Passavant Memorial Rochester, PA 150	Homes, 61	0 Reno S	Street,		6-	2-00			,030.87
		·			CONTI			PAGE	4
Total Disbursements to officers an		3		11. Fees 1 12. Loans 13. Other 14. Total		Service s f items 8	-13)	\$	P-10-6
D.—SCHEDULE FOR STATEMENT O		the instruction	ns. 17. AMOUNT			tne purpo	ses descr	ibea in	Part U of
15. EMPLOYER	16. TO WHOM PAID		17. AMOUNT	18. Pt	JKPUSE	A. C.			
			\$		No. of the last of			and or the state of the state o	and the second s
		,					E G MAR	30	2001
		TOTAL	· /				US	DOL/ES	SA
	IF MORE SPA		ATTACH ADDIT	TIONAL SHE	ETS	Special Street	131 (9)	STUDET	3,00
E.—VERIFICATION AND SIGNATURE information in this report, including knowledge and belief, true, correct, signed:	all attachments incorpo and complete.						n and is	to the b	EASURER
at: City State on:	cro wri	ess out and ite in correct e above	at: City	State	on:	Date	c	ross ou rite in itle abo	t and correct