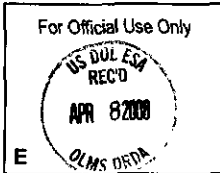


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

360504

1. File Number C- 630	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	04 / 01 / 2007		12 / 31 / 2007

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Olivia Bell
Title	Office Manager
Organization	Oliver J. Bell and Associates, Inc.
P.O. Box, Building and Room Number, if any	Ste. 350-344
Street	12400 Hwy 71 W
City	Austin
State	Texas
ZIP Code + 4	78738
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	President (if other title, see instructions)	18. Signed	Treasurer (if other title, see instructions)
Title	President	Title	Treasurer
On	03 / 31 / 2008	On	03 / 31 / 2008
Date		Date	
Telephone Number	512-306-1231	Telephone Number	512-306-1231

Name of Person Filing: Olivia Bell	File Number C-
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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).

Employer International RAM Associates	Mailing Address: P.O. Box, Building and Room Number, if any Suite D-200
Trade Name	Street 11044 Research Blvd.
Attention To Mary Hawthorne	City Austin
Title Vice President, Operations	State Texas ZIP Code + 4 78759

5.b. Termination Date **12/31/07** 5.c. Amount **8,000**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **38,800**

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		
Bell Oliver	14,750	0	14,750	9. Office and Administrative Expenses	3,000
Gonzalez Manuel	11,250	0	11,250	10. Publicity	0
Alberico Robert	5,000	0	5,000	11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			31,000	14. Total Disbursements (Sum of Items 8-13)	34,000

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: Oliver J. Bell & Associates, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 14,750
Name Oliver Bell	15.e. Purpose To inform employees of their right to support or not support a labor organization.
Title President	
Organization Oliver J Bell and Associates, Inc.	
P.O. Box, Building and Room Number, if any Ste 350-344	
Street 12400 Hwy 71 W	
City Austin	
State Texas ZIP Code + 4 78738	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 31,000	

Name of Person Filing: Olivia Bell		File Number C-	
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:	
Employer <u>Hertz Corporation</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>225 Brae Boulevard</u>	
Attention To: <u>Lou Franzese</u>		City <u>Park Ridge</u>	
Title		State <u>New Jersey</u> ZIP Code + 4 <u>07656</u>	
5.b. Termination Date <u>December 20, 2007</u>		5.c. Amount <u>30,800</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Olivia Bell	File Number C-
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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.
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15.a. Employer Name: Oliver J Bell and Associates, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name: Manuel Gonzalez Title: Consultant Organization: Oliver J Bell and Associates, Inc. P.O. Box, Building and Room Number, if any: Ste 350-344 Street: 12400 Hwy 71 W City: Austin State: Texas ZIP Code + 4: 78738	15.d. Amount 11,150 15.e. Purpose To inform employees of their rights to support or not support a labor organization.

15.a. Employer Name: Oliver J Bell and Associates, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name: Robert Alberico Title: Consultant Organization: Oliver J Bell and Associates, Inc. P.O. Box, Building and Room Number, if any: Ste 350-344 Street: 12400 Hwy 71 W City: Austin State: Texas ZIP Code + 4: 78738	15.d. Amount 5,000 15.e. Purpose To inform employees of their rights to support or not support a labor organization.

15.a. Employer Name: 	15.b. Trade Name, if any:
15.c. To Whom Paid Name: Title: Organization: P.O. Box, Building and Room Number, if any: Street: City: State: ZIP Code + 4:	15.d. Amount 15.e. Purpose