

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 86-267, 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

1. File Number C-~~750~~

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01/01/2011

Through:

Month/Day/Year  
(mm/dd/yyyy)

12/31/2011

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Connie S. OLIVER

Title

Organization

P.O. Box, Building and Room Number, if any

Street 11 FAIRWAY DUNES LANE

City ISLE OF PALMS

State SOUTH CAROLINA ZIP Code + 4 29451

4. Any other address where records necessary to verify this report are kept:

Name

Title

Organization BURDZINSKI & PARTNERS INC.

P.O. Box, Building and Room Number, if any

Street 2393 HICKORY BARK DRIVE

City DAYTON

State OHIO ZIP Code + 4 45458

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

Connie S. Oliver

President  
(if other title, see  
instructions)

Title

PRESIDENT LABOR RELATIONS  
SPECIALIST

18. Signed

Title

Treasurer

Treasurer

(If other title, see  
instructions)

On

09/27/2011

Date

843-886-4903

Telephone Number

On

1/1/11

Date

Telephone Number

of Person Filing:

Connie G. OLIVER

File Number C-

**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:

P.O. Box, Building and Room Number, if any

Employer RIVA JEWELRY INC.

Trade Name

Street

41-31 39th St.

Attention To

MR. Ted

DOUDAK

City

LONG ISLAND CITY

Title

State

NEW YORK

ZIP Code + 4

11104

5.b. Termination Date

7/13/2011

5.c. Amount

\$ 64814.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

\$ 64814.00

**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 LABOR RELATION SPECIALIST  
Officers and Employees

(a) Name (b) Salary (c) Expenses (d) Totals

<u>CONNIE G. OLIVER</u>	<u>13516.00</u>	<u>14124.00</u>	<u>27640.00</u>	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to <u>LABOR RELATIONS SPECIALIST</u> <u>Officers and Employees</u> :				14. Total Disbursements (Sum of Items 8-13)	
					<u>27640.00</u>

**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:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

15.e. Purpose

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

n/a