Receipts and Disbursements Report

Office of Labor-Management Standards

U.S. Department of Labor

Required of Persons, Including Labor Relations



Office of Labor-Management Standard Washington, D.C. 20210 (Feb. 1990)	s	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. 1215-0188 Expires 11-30-99		
		A PERS	ON FILIN	G	-						
1. NAME AND ADDRESS (include ZIP code) VINCE Brown 27939 Chiclana Missim Viejo, CA			1	2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:							
27937 CMC101	20		3. F	ILE NO.	-	4. PERIOD		Month	Day	Year	
Mission Viejo, CH			'	C-11		BY THIS From:		3	9	00	
0,				544		REPORT	To:	-	6	00	
	Report all receip ourposes of the OYER (Include	advice or servi		nection wi	th labor	relations adv			7. AM	OUNT	
1									33	<u>938.2</u> 7	
21939 Chiclona Mission Viejo		92									
										22/1 - 4	
C.—STATEMENT OF DISBURSEME				TOTAL		\$ 3,7	38.27				
8. DISBURSEMENTS TO OFFICERS (a) Name (INCE Bown)	(b) Salary	es rendered to YEES: (c) Expenses \$	(d) Tot	als 9. <u>8.27</u> 10. 11. 12.	Office Expens Publici Fees fo	and Adminis les ity or Profession Made	nal Se		3 ,93	8.27	
						Disbursemer Disbursemen					
Total Disbusements to office	m and amples		\$3920	2 2 2	rotar b			ns 8-13)	:39	38.27	
D.— SCHEDULE FOR STATEMENT		MENTS. Use t	his Schedu rt D of the	instruction	IS.	lisbursements					
15. EMPLOYER	16. TO W	HOM PAID	17. A	MOUNT	18.	PURPOSE			• 1		
VERETT Pad & Pape	Vince	E Brown	\$ 3	938.2	Tra	uning	\$ 4	mmu	nicatu	MS-NLR	
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		тота		9382		00		USDOL	ESA CODO		
E VERIFICATION AND SIGNATI of law, that all information in this rep is, to the best of his knowledge and I SIGNED: at City State Date	JRE. The person ort, including all belief, true, corn	I attachments in	oove and e ncorporate lete. SIG	ach of his d therein o	undersi or referre	igned authorised to in this re		(If other tit	clares, unexamined TRI tle, cross of	by him an	
State Date	and Hills	,	bove.) Ci	ty SI	tate	Date				LM-21 ev. 2/90)	

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U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB Required of Persons, Including Labor Relations Office of Labor-Management Standards No. 1215-0188 Consultants and Other Individuals and Organizations, Washington, D.C. 20210 Expires 11-30-2002 Under Section 203(b) of the Labor-Management (Feb. 1990) Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY 1 NAME AND ADDRESS (include ZIP code) TO VERIFY THIS REPORT ARE KEPT: 4. PERIOD 3. FILE NO. Year Month Day COVERED 00 BY THIS From: REPORT 00 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. 6. TERMINATION DATE 7. AMOUNT 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) 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 B. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: 9. Office and Administrative (c) Expenses (d) Totals (b) Salary Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of items 8-13) \$ 3,93827 Total Disbusements to officers and employees: D.— SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 18. PURPOSE 17. AMOUNT USDOL/ESA OLMS/DOF/SRD TOTAL 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 (If other title, cross out (If other title, cross out at: MISSIM on: and write in correct title above.) and write in correct title above.) City State Date City