



Form approved - OMB
No. 1215-0188
Expires 11-30-2002

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)

Form approved - OMB
No. 1215-0188
Expires 11-30-2002

A.- PERSON FILING

1. NAME AND ADDRESS (include ZIP code) Agri-Labor Relations / Sal Duarte P.O. Box 498 San Luis Rey, Ca. 92068		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: 3186 Brougham Ct. Oceanside, Ca. 92056		
3. FILE NO. C-	4. PERIOD COVERED BY THIS REPORT	Month	Day	Year
		From: 7 To: 8	23 19	01 01

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
Waste Management / Santa Cruz County Waste Management, Inc. Suite 4000 1001 Fannin Str. Houston, Texas 77002	Aug. 19, 2001	\$ 26,890. ⁵⁰
TOTAL		\$ 26,890.

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
n/A	\$	\$	\$

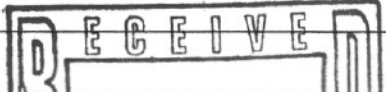
9. Office and Administrative Expenses

10. Publicity	_____
11. Fees for Professional Services	_____
12. Loans Made	_____
13. Other Disbursements	_____
14. Total Disbursements	_____

Total Disbursements to officers and employees:

(Sum of Items 8-13) \$

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
		\$	
		\$	
		\$	
		\$	
		\$	
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
at: Greenside, Ca on: 1-17-02 (If other title, cross out _____ and write in correct title above.)
City State Date

SIGNED: _____, TREASURER
at: _____ on: _____ (If other title, cross out _____ and write in correct title above.)
City State Date