

## Receipts and Disbursements Report

Employment Standards Administration  
Office of Labor-Management Standards

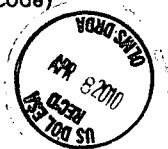


Form approved - OMB  
No. 1215-0188  
Expires 11-30-2002

427322

## 1. NAME AND ADDRESS (include ZIP code)

B.H. Troxel  
Western Employers Consultants  
P.O. Box 2055  
Bakersfield, CA 93303



8904 Monterey Ct. Bakersfield, CA 93311

3. FILE NO.

C-  
558

4. PERIOD COVERED BY THIS REPORT

Month	Day	Year
3	19	07
4	11	07

**5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)**

CENEX  
5180 Golden Foothill Parkway  
Suite 200  
El Dorado Hills CA 95762

## 6. TERMINATION DATE 7. AMOUNT

4/11/07	\$ 16,810.32
---------	--------------

**8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:**

(a) Name	(b) Salary	(c) Expenses	(d) Totals
BH Troxel	\$ 14,250.00	\$ 2,560.32	\$ 16,810.32

## 9. Office and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

14. Total Disbursements

(Sum of Items 8-13) \$ 16,810.32

**Total Disbursements to officers and employees: \$**

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
--------------	------------------	------------	-------------

101 - EMPLOYEE		102 - WORK UNIT	
NAME	SSN	\$	CLASSIFICATION
POSITION	GRADE		
DEPARTMENT	LOCATION		
DATE	TIME		
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: DAVID L. FELD, PRESIDENT  
at: LAKE FELD, CA on: 3/27/10 (If other title, cross out  
City State Date and write in correct title above.)

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