## Receipts and Disbursements Report

## 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: B. H. Troxel 8904 Montmedy Court, Bakersfield, CA Western Employers Consultants 3. FILE NO. 4. PERIOD P. O. Box 2055 Year Month COVERED Bakersfield, CA 93303 25 0.2 BY THIS From: REPORT To: g 30 02 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 9/30/02 **\$ 16 257 22** Waste Connections. 2350 W. Shaw Avenue. #149 Fresno, CA 93711 \$16,257.22 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 (d) Totals (a) Name (c) Expenses (b) Salary Expenses \$5,944 **\$**16,357. Troxel **\$**10,412 Н. 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements **\$** 16,357.22 (Sum of Items 8-13) 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. 15. EMPLOYER 17. AMOUNT 18. PURPOSE 16. TO WHOM PAID 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 mowlestre and belief, true, correct, and complete.

SIGNED: , PRESIDENT , TREASURER SIGNED: (If other title, cross out (If other title, cross out CADate 3/31/ and write in correct title above.) on: and write in correct title above.) State Date