Receipts and Disbursements Report

U.S. Department of Labor



Office of Labor-Management Standards Washington, D.C. 20210 (Feb. 1986)

FEB 1 4 2012 Required of Persons, Including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management

Form Approved. — OMB No. 1214-0001 Expires: 12/31/86

			ing and Disclosure Ac	t of 1959, /	As Amended (LMRI	DA)		····
1. NAME AND ADDRESS (Include ZIP	WHERE RECORDS F ARE KEPT:	NECESSA	ARY					
Employee Relations P O Box 18122	Servic	es		<i>j</i>				
Anaheim Hills, CA	998	3. FILE NO.	,	I. PERIOD COVERED BY THIS From:	Month 01	Day 01	Year 2010	
			1 04/		BY THIS From: REPORT To:	<u> </u>	31	201
B STATEMENT OF RECEIPTS. Report	rt all receipts	from employers in	connection with labor	relations a	idvice or services re	gardless		rooses of
the at	avice or servi	ces.						
5. NAME AND ADDRESS OF EMPLOYE Driftwood HHC	6. TERMINATIO		7. AM					
E&J Gallo Winery					08-2010		\$ 1183	
TRO Gallo Willery					08-2010)	1176	2.1
								
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	·							
								
					7074			
STATEMENT OF DISBURSEMENTS.	Report all d	ishursements made	by the reporting organistic in Part R		TOTAL		1959	166
Hector Flores GNE Consulting C&C Consulting Total Disbursements to officers and e		5 0 5 0	31517.50 12 22741.50 13	L Fees for L Loans M L Other Di	Isbursements	:es		
			\$ 94259. 00 14	l. Total Di	isbursements (Sum of items :	8–13)	\$ 1594	166 (
SCHEDULE FOR STATEMENT OF D	ISBURSEMEN	TS. Use this Sch	edule to report only di	sbursement	ts made for the purp	oses desc	ribed in I	Part D of
	6. TO WHOM	the instruction	ons. 17. AMOUNT	18. PURF				
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				}				
			 	<u> </u>				<u> </u>
		TOTAL						
	15.14005		\$	· ,				
	IF MURE	SPACE IS NEEDE	D ATTACH ADDITION	AL SHEETS	.			
.—VERIFICATION AND SIGNATURE. The formation in this report, including all all moving and pelief, true, correct; and detections are considered.	ttacnments in	tem 1 above and eacorporated therein	ech of his undersigned or referred to in this r	authorized	officers declares, un been examined by hi	nder pena m and is,	ity of law to the be	, that all st of his
IGNED: MMW tes	4	VICE						

Receipts and Disbursements Report

July 11/10

U.S. Department of Labor



Office of Labor-Management Standard Washington, D.C. 20210 (Feb. 1986)	ds	Consu Under	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)							
			ERSON FILING	···········						
I. NAME AND ADDRESS (Include ZII) Employee Relations	es	2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:								
P O Box 18122 Anaheim Hills, CA	92817-99	98	3. FILE NO.		4. PERIOD	Month	Day	Year		
			547	1	COVERED BY THIS From: REPORT To:		01	2011		
B.—STATEMENT OF RECEIPTS. Rep	oort all receipts fr advice or service	rom employers ir	connection with I	abor relations	advice or services re					
5. NAME AND ADDRESS OF EMPLO	YER (include ZIP	code)			6. TERMINATIO	N DATE	7. AMC	DUNT		
Buckhead Beef					04-2011			19.85		
Rio Hondo Nursing					06-2011			4.38		
SAIA					09-2011		2615	50.61		

							-	 		
								-		
							<u> </u>			
C.—STATEMENT OF DISBURSEMENT	S. Report all dis	bursements mad	le by the reporting	organization	in connection with la	bor relation		64.84		
B. DISBURSEMENTS TO OFFICERS A (a) Name			(d) Totals		and Administrative E	(Denses	\$ 1 2 4 2	ολίο Ω		
Hector Flores	\$ 40000.	3 0	10000	10. Publicit	t y					
GNE Consulting	14712.	00	14713	U 11. Fees fo	r Professional Servi	:es				
C&C Consulting	30000.	00	30000 0	U 12. Loans N 13. Owber	Made Disbursements					
Total Disbursements to officers and	employees:		\$84712.0	0 14. Total	Disbursements					
SCHEDULE FOR STATEMENT OF	DISBURSEMENT	S. Use this Sci	hedule to report on	ly disburseme	(Sum of items	8-13)	\$2089	154.8		
15. EMPLOYER	16. TO WHOM I	tne instruct	ions. 17. AMOUNT	18. PUI		, , , , , , , , , , , , , , , , , , , ,		an 5 0.		
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····	· - · · · · · · · · · · · · · · · · · ·	TOTAL	\$							
	IF MORE	SPACE IS NEED	ED ATTACH ADDIT	TIONAL SHEE	TS					
.—VERIFICATION AND SIGNATURE. Information in this report, including all inowledge and belief, true, correct and selief.	i attachments inci	em 1 above and e orporated therein	each of his undersign or referred to in t	gned authorize his report, has	ed officers declares, us been examined by h	nder pena im and is,	ity of law, to the be	that all		
e:Anstein Con: 2	7/2012	PRESIDEN (I other title, eross out and write in correct title above.)	T SIGNED:	State	on:		(If other t cross out	and orrect		