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U.S. Department of Labor



Required of Persons, Including Labor Relations Form Approved.-OMB Office of Labor-Management Standards Consultants and Other Individuals and Organizations, Washington, D.C. 20210 No. 1214-0001 (Feb. 1990) Under Section 203(b) of the Labor-Management Expires: 02/29/93 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: Richard Espinoza 7224 W. Antioch Fresno, Ca. 93722 4. PERIOD 3. FILE NO. Year Month Day COVERED C-566 17 01 Sept BY THIS From: To: REPORT 24 01 Sept Report all receipts from employers in connection with labor relations advice or services regardless of the B.- STATEMENT OF RECEIPTS. purposes of the advice or services. 6. TERMINATION DATE 7. AMOUNT 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) Ingomar Parking Co. \$ 4,875.00 P.O Box 1448 Los Banos, Ca. 93635 Sept, 24,01 \$ 4,875.00 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 (a) Name Expenses N/A s N/A \$ N/A s N/A N/A 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (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 N/A N/A N/A N/A 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 an is, to the best of/his knowledge and belief, true, correct, and complete. , TREASURER SIGNED: Xicheli (If other title, cross out SIGNED: at: Fresno on: (If other title, cross out at: Date//-9-0[and write in correct title above.) City State Ca and write in correct title above.) City State Date Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.