



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)

Roberto Velazquez
2549 N. Cameron Ave.
Covina, CA 91724

2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:

3. FILE NO.

C-
559

4. PERIOD COVERED BY THIS REPORT

Month	Day	Year
01	01	2001
12	31	2000

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)

F.B. Purnell Sausage Co. Inc.
6931 Shelbyville Rd.
Simpsonville KY 40067

6. TERMINATION DATE 7. AMOUNT

12-15-01 \$ 9,825

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:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Roberto Velazquez	\$ 9,825	\$ 0	\$ 9,825

9. Office and Administrative Expenses

\$ 0

10. Publicity

0

11. Fees for Professional Services

0

12. Loans Made

0

13. Other Disbursements

0

14. Total Disbursements

(Sum of Items 8-13) \$ 0

Total Disbursements to officers and employees: \$ 9,825

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		\$ 0	

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: Roberto Velazquez, PRESIDENT

SIGNED: _____, TREASURER

at: Covina on: 9/15/02 (If other title, cross out
City State Date and write in correct title above.)

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