## 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 Picelegues Act of 1959. As Amended (LAB

Form approved – OMB No. 1215-0188 Expires 07-31-2004

(FBD. 1990)	100 50								
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1. NAME AND ADDRESS. (include	May	1.10 [41	TO VERIFY		ESS WHERE REC EPORT ARE KEP	_	ECESSAR	Y .	
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330 & Go MONVOE, L	A 712	07	c-46	/	COVERED BY THIS From:	4	22	- 2010	
B.— STATEMENT OF RECEIPTS.	Report all receipts	from employer	s in connection with	h labor re	REPORT To:	services	regardles	s of the	
	purposes of the ad		s.				·		
5. NAME AND ADDRESS OF EMP	LOYER (Include ZI	P code)			6. TERMINATION	ON DATE	7. AMO	UNT L	
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					TOTAL		\$//	39.61	
CSTATEMENT OF DISBURSEM	ENTS. Report all di	isbursements n	nade by the reportir	ng organi:		tion with I	labor relati	ons advice	
	or services	rendered to the	e employers listed i						
8. DISBURSEMENTS TO OFFICER			(d) Tabala 9. C	Office an	nd Administrati	ve	<b>a</b> c		
TOSER HERY	(b) Salary (c)	Expenses \$ 9.61\$	(U) IUIAIS	xpenses			<u>\$ 2</u> 8	9,61	
Votes in the second		71 101 4		ubileity	Professional Se	nulcae	78	5.00	
			12. L	oans Ma	de	71 410-03		<u>Q</u>	
					bursements bursements			<u> </u>	
Total Disbusements to office	rs and employees	<u>.</u>	1/39.61	<b>5</b> (a) <b>5</b> (3	(Sum of Item	s 8-13)	\$ 1/2	19.61	
D.— SCHEDULE FOR STATEMENT			Schedule to report	only dist					
			of the instructions.			·	·		
15. EMPLOYER	16. TO WHO		17. AMOUNT		URPOSE				
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1000	1		3 40		<u> </u>				
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			.750,00						
		TOTAL	<del></del>		<del> </del>			<u></u>	
- VERIFICATION AND SIGNATU	IF MORE SPACE  JRE. The person in	DE IS NEEDED	ATTACH ADDITE	IONAL SI	HEETS	ficers de	clares un	der populty	
f law, that all information in this repo	ort, including all atta	achments inco	rporated therein or	referred t	o in this report, h	as been	examined	by him and	
s, to the best of his knowledge and b		and complete.	SIGNED:				, TRE	ASURER	
at MONTOE WA on: 71	14/1 (If other title,	cross out	at:		on:		le, cross ou	t	
City State A Date	and write in c	orrect title above	B.) City State		Date	and write i	n correct tit	le above )	