

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)

ROSS BROWN ASSOCIATES
5753 G. SANTA ANA CANYON, SUITE 233
ANAHEIM, CA 92807

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

3. FILE NO.

C-

C-0435

4. PERIOD COVERED BY THIS REPORT

	Month	Day	Year
From:	01	01	01
To:	12	31	01

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
12/31/2011	1000000
12/31/2012	1000000
12/31/2013	1000000
12/31/2014	1000000
12/31/2015	1000000
12/31/2016	1000000
12/31/2017	1000000
12/31/2018	1000000
12/31/2019	1000000
12/31/2020	1000000
12/31/2021	1000000
12/31/2022	1000000
12/31/2023	1000000
12/31/2024	1000000
12/31/2025	1000000
12/31/2026	1000000
12/31/2027	1000000
12/31/2028	1000000
12/31/2029	1000000
12/31/2030	1000000
12/31/2031	1000000
12/31/2032	1000000
12/31/2033	1000000
12/31/2034	1000000
12/31/2035	1000000
12/31/2036	1000000
12/31/2037	1000000
12/31/2038	1000000
12/31/2039	1000000
12/31/2040	1000000
12/31/2041	1000000
12/31/2042	1000000
12/31/2043	1000000
12/31/2044	1000000
12/31/2045	1000000
12/31/2046	1000000
12/31/2047	1000000
12/31/2048	1000000
12/31/2049	1000000
12/31/2050	1000000
12/31/2051	1000000
12/31/2052	1000000
12/31/2053	1000000
12/31/2054	1000000
12/31/2055	1000000
12/31/2056	1000000
12/31/2057	1000000
12/31/2058	1000000
12/31/2059	1000000
12/31/2060	1000000
12/31/2061	1000000
12/31/2062	1000000
12/31/2063	1000000
12/31/2064	1000000
12/31/2065	1000000
12/31/2066	1000000
12/31/2067	1000000
12/31/2068	1000000
12/31/2069	1000000
12/31/2070	1000000
12/31/2071	1000000
12/31/2072	1000000
12/31/2073	1000000
12/31/2074	1000000
12/31/2075	1000000
12/31/2076	1000000
12/31/2077	1000000
12/31/2078	1000000
12/31/2079	1000000
12/31/2080	1000000
12/31/2081	1000000
12/31/2082	1000000
12/31/2083	1000000
12/31/2084	1000000
12/31/2085	1000000
12/31/2086	1000000
12/31/2087	1000000
12/31/2088	1000000
12/31/2089	1000000
12/31/2090	1000000
12/31/2091	1000000
12/31/2092	1000000
12/31/2093	1000000
12/31/2094	1000000
12/31/2095	1000000
12/31/2096	1000000
12/31/2097	1000000
12/31/2098	1000000
12/31/2099	1000000
12/31/2100	1000000

① FOURMAY VINE	5/01	\$ 45,978
② OLGA WEST	6/01	31,810
③ AR READY BLK	6/01	30,058.61
④ TRI-MANING	12/01	53,505
⑤ CPM	1/01	12,125
⑥ DUNBAR	12/01	29,700

TOTAL	\$ 203,176
-------	------------

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
	\$	\$	\$

9. Office and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

14. Total Disbursements

Total Disbursements to officers and employees:	\$
--	----

(Sum of Items 8-13) \$

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		\$	

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: [Signature], PRESIDENT
at: AKRON, OH on: 4/2/02 (If other title, cross out
City State Date and write in correct title above.)

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