Receipts and Disbursements Report

U.S. Department of LaborEmployment Standards Administration
Office of Labor-Management Standards



Office of Labor-Management Standa Washington, D.C. 20210 (Feb. 1990)	ards	Consultants Under Secti	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 (LMRD				No. 1215-0188 Expires 11-30-2002		
		A PERS	ON FILING						
1. NAME AND ADDRESS (included Ag-Relater Tree Route 4 Box 669	e ZIP code)				RESS WHERE REC REPORT ARE KER		CESSAI	RY	
CAL HOTSPrings, LA	93207		3. FILE NO. C-		4. PERIOD COVERED	Month	Day	Year	
	, ,		422		BY THIS From: REPORT To:	_	16	'00	
B.—STATEMENT OF RECEIPTS.	purposes of the	advice or service	ers in connection w		relations advice of	r services	regardle	ss of the	
Car / Samuel (ATH)					6. TERMINATIO	ON DATE	7. AM	DUNT	
Fair DAK	wise RIVA		C-1		Dec. 16	, 2000	-	500	
Two days	g persu	13 were	·k.)						
	<i>O V</i>								
					TOTAL		\$ 25	100-	
8. DISBURSEMENTS TO OFFICE (a) Name		YEES: (c) Expenses	(d) Totals	Office Expens	and Administrat	Ive	\$		
			11. 12.	Loans	or Professional S Made	ervices	227	0	
					Disbursements Disbursements				
Total Disbusements to office	ers and emplo	yees:	\$ 220		(Sum of Iter	ns 8-13)	\$25	00	
D SCHEDULE FOR STATEMEN	T OF DISBURSE		nis Schedule to report D of the instruction		lisbursements mad	e for the p	urposes	described	
15. EMPLOYER	16. TO V	VHOM PAID	17. AMOUNT	18.	PURPOSE				
Ty. Rebrey Inc. Salvador ineda			\$2270	\$2270 Spoke w/employees and					
TORREST MAIL				(60	Winced A	MOP	17 7	0/10/2	
				oft	OH Orga	HIZIN	g un	7:/AfT	
12 166/SW10 88				COR	pany's A	lew p	lams	mo TAK	
		TOTA	1 \$ 2270	effe	2 E T.				
E- VERIFICATION AND SIGNA of law, that all information in this re is, to the best of his knowledge an SIGNED:	TURE. The perseport, including a d belief, true, con	son in item 1 about all attachments in rect, and complete, PRESIDENT title, cross out	ste. SIGNED:	s unders	igned authorized		examine , TF	d by him and	
City State Date		e in correct title at		State	Date	and write	in correct	title above.)	