

Receipts and Disbursements Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB Required of Persons, Including Labor Relations Office of Labor-Management Standards No. 1215-0188 Consultants and Other Individuals and Organizations, Washington, D.C. 20210 Expires 11-30-2002 Under Section 203(b) of the Labor-Management (Feb. 1990) 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: PAUL D JOHNSON PHD & ASSOCIATES 3120 CORTE CALETA 3. FILE NO. 4. PERIOD Month Day Year NEWPORT BEACH CA 9260 COVERED 02 BY THIS From 02 REPORT B .- STATEMENT OF RECEIPTS. Report all recalpts 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) 8, TERMINATION DATE 7. AMOUNT RIVIERA HOTEL & CASINO 2901 CAS VEGAS BLUD 102 South LAS NEGAS NV 89109 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 (a) Name (b) Salary (c) Expenses (d) Totals \$ 19.675 \$ 2007.0 \$21,682.0 10. Publicity Expenses TOHNSON 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) \$ 2/,682.0) 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

16. TO WHOM PAID

17. AMOUNT

18. PURPOSE

NONE

NONE

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 bills of his knowledge and belief, true, correct, and complete.

SIGNED:

. TREASURER

SIGNED: SIGNED: . TREASURER

at: NEWFORT REACTOR OF THE COMMENT OF THE CONTROL OF THE COMMENT OF