Receipts and Disbursements F	Report		U.S. Departme	nt of L	abor		•		
المراجعة ال		•	· .				· · · · · · · · · · · · · · · · · · ·	 7	
Office of Labor-Management Standards Washington, D.C. 20210 Feb. 1986) 430,23	54	Consultar Under Se	of Persons, Including tts and Other Individuation 203(b) of the Land Disclosure Act	uals and (,	ADY9	n Appro 1214-00 ires: 12/3	ved. — 0 01 31/86
1002			SON FILING	+		U Z			W2 DBD:
Employee Relations P O Box 18122		es	2. ANY OTHER A TO VERIFY THIS	DDRESS S REPORT	WHERE REC	ORDS	VECESSA	RY	(M-3)
Anaheim Hills, CA	92817-9	998	3. FILE NO.	14	. PERIOD		Month	Day	Year
•			100	1	BY THIS	From:	01	01	2009
			1541		REPORT	To:	12	31	2009
Sysco Alaska Sysco Food Service	es of Ve	ntura			12-	2009		_41	55.6
							-		
					7074		<u> </u>		
.—STATEMENT OF DISBURSEMENTS.	Report all disbu	rsements made	by the reporting orga	enization i	TOTAL		or relation	\$761	
	ices rendered ti	rsements made to the employers	by the reporting organisted in Part B.	inization i			or relation		
DISBURSEMENTS TO OFFICERS AND	EMPLOYEES:	rsements made to the employers	isted in Part B.		n connection	with lat		ons advic	e or serv
(a) Name	EMPLOYEES: (b) Salary	(c) Expenses	(d) Totals 9		n connection	with lat	penses	ons advic	e or serv
(a) Name Hector Flores	EMPLOYEES: (b) Salary	(c) Expenses	(d) Totals 9	. Office a	n connection	with lat	penses	ons advic	e or serv
L DISBURSEMENTS TO OFFICERS AND (a) Name	EMPLOYEES: (b) Salary	(c) Expenses	(d) Totals 9 30000 00 10 -2103 00 11	. Office a	n connection nd Administry Professions	with lat	penses	ons advic	e or serv
(a) Name Hector Flores	EMPLOYEES: (b) Salary 30000 0 2103 0	(c) Expenses	(d) Totals 9 30000 00 10 2103 00 11	. Office a . Publicit . Fees for	n connection nd Administry Professions	with lab	penses	ons advic	e or serv

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 information in this report, including all attachments incorporated therein or		
signed: Allem Caon: 420 2010 (If other title, cross out and write in correct title above.)	at: on: Date	TREASURER (If other title, cross out and write in correct title above.)
	等 。	LM-21