Receipts and Disbursements Report

is, to the best of his knowledge and belief, true, correct, and complete.

at: FARENO CA93710 on:

City

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB Office of Labor-Management Standards Required of Persons, Including Labor Relations No. 1215-0188 Washington, D.C. 20210 Consultants and Other Individuals and Organizations. Expires 11-30-2002 (Feb. 1990) Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, As Amended (LMRDA) A- PERSON FILING 1. NAME AND ADDRESS (include ZIP code) 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: Tina Leal 438 E. Shaw Ave. #214 Leaf Labor Relations Consultant FRESMO CA 93710 439 E. Shaw Are, #214 3. FILE NO. Year FEEGOD CA 93710 13 2000 BY THIS From: REPORT To: 31 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) TERMINATION DATE 7. AMOUNT LA Benita, Inc. 1400 EASTON Dr. #1160 \$ 281,5.00 TOTAL 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 Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of items 8-13) \$ 6846.00 Total Disbusements to officers and employees: \$ 2600,00 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 USDOL/ESA OLMS/DOE/SRD 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

SIGNED: _

State

City

, PRESIDENT

(If other title, cross out

Date 4/30 bus and write in correct title above.)

(If other title, cross out

and write in correct title above.)

on:

Date