Receipts and Disbursements Report

Total Disbusements to officers and employees:

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: B.H. Troxel Western Employers Carsultants 4. PERIOD Month Day Year P.O. Box 2055 COVERED BY THIS From To: 07 REPORT Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. **TERMINATION DATE** 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) \$ 16 810. CEMEX 5180 Folden toth 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 (d) Totals (b) Salary (c) Expenses (a) Name Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements

in Part D of the instructions.

15. EMPLOYER

18. TO WHOM PAID

17. AMOUNT

18. PURPOSE

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D.- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described

- VERIF	ICATIO	N AND S	IGNATURE.	The person in item 1 above a	nd each of	his undersi	igned authorized	officers declares, under penalty
f law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and								
s, to the be	esypt hi	s-knowled	ige and belief	, true, correct, and complete, PRESIDENT(If other title, cross out	SIGNED:			, TREASURER
it: Oake	Feld	ČA	on: 3/29/10	(If other title, cross out	at:		on:	(If other title, cross out
City	State		Date /	and write in correct title above.)	City	State	Date	and write in correct title above.)

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

(Sum of Items 8-13)