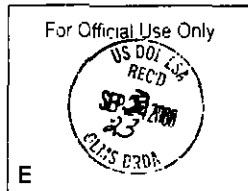


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 430 or 440.
Required of persons, including Labor Relations Consultants and Other Third Parties and Organizations, Under section 403(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

371524

1. File Number C-	00323	2. Period Covered By This Report From	Month/Day/Year (mm/dd/yyyy)	Through	Month/Day/Year (mm/dd/yyyy)
			7/1/2004		12/31/2004

A. Person Filing

3. Name and mailing address (include ZIP Code)

Name **ROBERT L. MONSON**
Title **PRESIDENT**
Organization **PRODUCTIVITY IMPROVEMENT, INC**
P.O. Box, Building and Room Number, if any **N/A**
Street **15678 CICERONE PATH**
City **ROSEMOUNT**
State **MINNESOTA** ZIP Code + 4 **55068**

4. Any other address where records necessary to verify this report are kept

Name **NONE**
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
State ZIP Code + 4

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions)

17. Signed **Robert L. Monson**

Title **President**

President
(if other title, see instructions)

18. Signed **N/A**

Title **Treasurer**

Treasurer
(if other title, see instructions)

On **8/29/08** **651-423-3911**
Date Telephone Number

On **/** **/** **/**
Date Telephone Number

Name of Person Filing	ROBERT L. MONSON	File Number C-	00323
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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 a Name and Address of Employer (including trade name, if any)		Mailing Address	
Employer	BOWMAN TOOL + MACHINING, INC.	P.O. Box, Building and Room Number, if any	N/A
Trade Name	N/A	Street	1310 VALLEY HIGH DRIVE N.W.
Attention To	WILLIAM BOWMAN	City	ROCHESTER
Title	PRESIDENT	State	MINNESOTA
		ZIP Code + 4	55901

5 b Termination Date	3-16-04	5 c Amount	3,500
6 TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 3,500 + \$ 11,841 + \$ 22,668			

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

7 Disbursements to Officers and Employees			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
8 Total disbursements to officers and employees			0
			14 Total Disbursements (Sum of Items 8-13)
			0

D. Schedule of Disbursements for Reportable Activity Use this schedule to report only disbursements made for the purposes described in Part D of the instructions

15 a Employer Name	N/A	15 b Trade Name, if any	N/A
15 c To Whom Paid		15 d Amount	N/A
Name	N/A	15 e Purpose	N/A
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State Washington			
ZIP Code + 4			
16 TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			
NONE			