

## Receipts and Disbursements Report

## U.S. Department of Labor



Office of Labor-Management Standards  
Washington, D.C. 20210  
(Feb. 1986)

Required of Persons, Including Labor Relations  
Consultants and Other Individuals and Organizations,  
Under Section 203(b) of the Labor-Management  
Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved. — OMB  
No. 1214-0001  
Expires: 12/31/86

## A.—PERSON FILING

## 1. NAME AND ADDRESS (Include ZIP code)

BERENS & TATE, P.C.  
10050 Regency Circle  
Suite 400  
Omaha, NE 68114

2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY  
TO VERIFY THIS REPORT ARE KEPT:

## 3. FILE NO.

C-  
376

4. PERIOD  
COVERED  
BY THIS  
REPORT

From:  
To:

Month	Day	Year
2	1	99
1	31	00

## 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)

Midwestern Mechanical, Inc.  
231 North Weber Avenue  
Sioux Falls, SD 57103-7017

## 6. TERMINATION DATE 7. AMOUNT

April 29, 1999 \$ 175.00

TOTAL \$ 175.00

## 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:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Mark McQueen	\$ 175.00	\$ 0	\$ 175.00
Total Disbursements to officers and employees:			\$ 175.00

## 9. Office and Administrative Expenses \$

## 10. Publicity

## 11. Fees for Professional Services

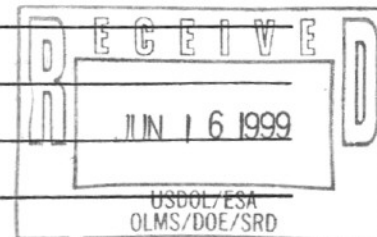
## 12. Loans Made

## 13. Other Disbursements

## 14. Total Disbursements (Sum of items 8-13) \$ 175.00

## 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
Not Applicable		\$	
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 best of his knowledge and belief, true, correct, and complete.

SIGNED: *Le C Beren*

PRESIDENT

at: *OMAHA, NE 68114* (If other title, cross out and write in correct title above.)  
City State Date *5/26/99*

SIGNED:

TREASURER

at: City State Date (If other title, cross out and write in correct title above.)





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Washington, D.C. 20210  
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### A—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code)		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:		
BERENS & TATE, P.C. 10050 Regency Circle Suite 400 Omaha, NE 68114				
3. FILE NO.	4. PERIOD COVERED BY THIS REPORT	Month	Day	Year
C-376	From:	2	1	99
	To:	1	31	00

**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.

[illegible]

**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:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Mark McQueen	\$ 158.00	\$901.00	\$1059.00
Joseph Dreesen	500.00	560.00	1060.00
Total Disbursements to officers and employees:			\$2119.00

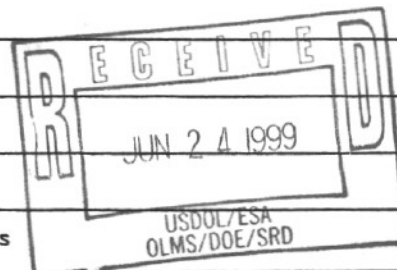
9. Office and Administrative Expenses	\$
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of items 8-13).	\$2119.00

**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
Not Applicable		\$	
TOTAL		\$	

A rectangular stamp with the word "RECEIVED" at the top and the date "JUN 24 1999" below it.

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

SIGNED: Kel C. Beren PRESIDENT  
at OMAHA, NE on: 6/10/98  
City State Date  
(If other title, cross out and write in correct title above.)

SIGNED: \_\_\_\_\_ TREASURER  
(If other title,  
cross out and  
write in correct  
title above.)

at: \_\_\_\_\_ on: \_\_\_\_\_  
City State Date