

Receipts and Disbursements Report

U.S. Department of Labor

Employment Standards Administration
Office of Labor-Management Standards



Office of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1990)

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. 1215-0188
Expires 11-30-2002

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:

n/a

3. FILE NO.

C-
376

4. PERIOD COVERED BY THIS REPORT

From: 2 1 01
To: 1 31 02

Month	Day	Year
2	1	01
1	31	02

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)

6. TERMINATION DATE 7. AMOUNT

See attached Exhibit "A".

\$

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
See attached Exhibit "B".	\$	\$	\$

9. Office and Administrative Expenses

\$

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

14. Total Disbursements

Total Disbursements to officers and employees: \$87,680.00

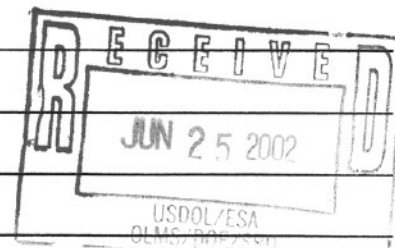
(Sum of Items 8-13) \$87,680.00

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.

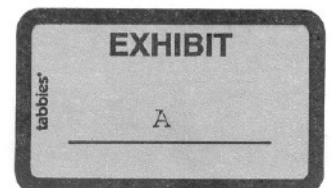
SIGNED: [Signature], PRESIDENT

SIGNED: _____, TREASURER

at: OMAHA, NE on: 7/17/02 (If other title, cross out and write in correct title above.)

at: _____ on: _____ (If other title, cross out and write in correct title above.)

Client Name and Address	Termination Date	Amount
Barilla America 3311 E. Lincoln Way Ames, IA 50010	12/01	\$12,349.00
Betty Dare Good Samaritan Center 3101 North Florida Avenue Alamogordo, NM 88310-9713	8/01	\$7,024.00
Brainerd Medical Center 2024 S. Sixth Street Brainerd, MN 56401	12/01	\$18,760.00
Hills Materials Company P.O. Box 2320 Rapid City, SD 57709-2320	3/01	\$506.00
Interstate Mechanical Corp. 418 Iowa Street P.O. Box 1378 Sioux City, IA 51102	6/01	\$496.00
Lampert Yards, Inc. 1850 Como Ave. P.O. Box 64076 St. Paul, MN 55164	12/01	\$1,559.00
L.S.I., Inc. 39210 221 st Street P.O. Box 159 Alpena, SD 57312	11/01	\$31,337.00
SITEL Corporation - Longview, TX Facility 110 Triple Creek, Suite 10 Longview, TX 75601	4/01	\$8,952.00
Woodland Good Samaritan Village 100 Buffalo Hill Lane E Brainerd, MN 56401	7/01	\$6,697.00



8. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Joseph Dreesen	\$16,997.00	\$1,249.00	\$18,246.00
Shane Keith	\$24,323.00	\$1,613.00	\$25,936.00
Mark McQueen	\$1,470.00	\$245.00	\$1,715.00
Donna Colley	\$13,443.00	\$2,825.00	\$16,268.00
Jerylyn Bridgeford	\$310.00	\$40.00	\$350.00
Timothy Loudon	\$5,250.00	\$1,162.00	\$6,412.00
Nancy Wood	\$1,470.00	\$277.00	\$1,747.00
Michelle Behrns	\$14,420.00	\$2,586.00	\$17,006.00

