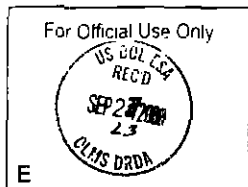


FORM LM-21

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. 439 or 440.
Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

371321

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)
			1/1/2003		12/31/2003

A. Person Filing	
3 Name and mailing address (include ZIP Code)	4. Any other address where records necessary to verify this report are kept
Name ROBERT L. MONSON	Name NONE
Title PRESIDENT	Title
Organization PRODUCTIVITY IMPROVEMENT, INC.	Organization
P.O. Box, Building and Room Number, if any N/A	P.O. Box, Building and Room Number, if any
Street 15678 CICERONE PATH	Street
City ROSEMOUNT	City
State MINNESOTA ZIP Code + 4 55068	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 <u><i>Robert L. Monson</i></u>	President (if other title, see instructions)	18 Signed <u>N/A</u>	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On <u>8/29/08</u>	Date	On <u>1/1</u>	Date
<u>651-423-3911</u>	Telephone Number	<u></u>	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) Employer DRESEL TRUCKING, INC Trade Name N/A Attention To ROBERT T. DRESEL Title PRESIDENT	Mailing Address P.O. Box, Building and Room Number, if any N/A Street 21490 FOREST BLVD. City FOREST LAKE State MINNESOTA ZIP Code + 4 55025
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5 b Termination Date 4-23-03	5 c Amount \$ 7,080
6 TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 7,080 + \$ 5,000 = \$ 12,080 2003	

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
			9 Office and Administrative Expenses 0
			10 Publicity 0
			11 Fees for Professional Services 0
			12 Loans Made 0
			13 Other Disbursements 0
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 Name Title N/A Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15 d. Amount N/A	
	15 e. Purpose N/A	
	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY NONE	