U.S. Department of Labor



Required of Persons, Including Labor Relations Form Approved. Office of Labor-Management Standards Consultants and Other Individuals and Organizations, No. 1214-0001 Washington, D.C. 20210 Expires: 12/31/86 Under Section 203(b) of the Labor-Management (Feb. 1986) Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.—PERSON FILING ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT: 1. NAME AND ADDRESS (Include ZIP code) R.T. Blankenship & Associates 540 N. Madison Ave. Greenwood, IN 46142 4. PERIOD 3. FILE NO. Month Day Year COVERED From: 00 BY THIS REPORT To: 12 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) 6. TERMINATION DATE 7. AMOUNT Dabrico, Inc. 8,430.60 1555 Commerce Dr., Bourbonnais, IL 60914 American Feed & Farm Supply 1533 Knox, N. Kansas City, MO 64116 13,884.27 S. Powell Construction Co. P.O. Box 116, Weirton, WV 26062 12.732.12 ProCraft Laminations 6135 King Road, Marine City, MI 17.824.35 \$52,871.34 Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. C .- STATEMENT OF DISBURSEMENTS. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: 9. Office and Administrative Expenses \$ 52,871.34 (d) Totals (a) Name (b) Salary (c) Expenses 5 s 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements Total Disbursements to officers and employees: \$ 14. Total Disbursements \$ 52,871.34 (Sum of items 8-13) D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 17. AMOUNT 16. TO WHOM PAID 15. EMPLOYER 18. PURPOSE

IF	MORE	SPACE	15	NEEDED	ATTACH	ADDITIONAL	SHEETS

TOTAL

E.—VERIFICATION AND SIGNATUR	E. 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.
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SIGNED:		PRESIDENT	SIGNED:			TREASURER
at Tel au ora I Non: .)-5-0	(If other title, cross out and write in correct title above.)	at: City	State	on:	(If other title, cross out and write in correct
City Cotate	Date	title above.)	City	State	Date =	title above.)

OLMS/DOE/SRD