

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)		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:		
Edwin D. Ricker PLRS, Inc. 210 McFarland Grand Blanc, MI 48439				
3. FILE NO. C- 216	4. PERIOD COVERED BY THIS REPORT From: To:	Month	Day	Year
		1	1	2000
		12	31	2000

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
		\$
Mac Arthur Corporation, 3111 Tri-Park Drive, Grand Blanc, MI 48439		5,640.03
	TOTAL	\$ 5,640.03

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
E.D. Ricker	\$ 3,350.00	\$ 2,290.03	\$ 5,640.03
Total Disbursements to officers and employees:			\$

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)	\$ 5,640.03

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
Mac Arthur Corporation	E.D. Ricker	\$ 5,640.03	Conduct meetings and answer questions from unit employees.
TOTAL		\$ 5,640.03	

RECEIVED
JAN 18 2001
USDOL/ECA

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
at: Grand Blanc, MI on: 1/12/01 (If other title, cross out
City State Date and write in correct title above.)

SIGNED: _____, TREASURER
at: Grand Blanc, MI on: 1/12/01 (other title, cross out
City State Date and write in correct title above.)