

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).

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

371320

1. File Number C- 00 323	2. Period Covered By This Report From 1 / 1 / 2003	Through 12 / 31 / 2003
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A. Person Filing

3. Name and mailing address (include ZIP Code)

Name **ROBERT L. MONSON**
Title **PRESIDENT**
Organization **PRODUCTIVITY IMPROVEMENT, INC**
P.O. Box, Building and Room Number, if any **N/A**
Street **15678 CICERONE PATH**
City **ROSEMOUNT**
State **MINNESOTA** ZIP Code + 4 **55068**

4. Any other address where records necessary to verify this report are kept

Name **NONE**
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
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>Robert L. Monson</u> Title President On <u>8/29/08</u> Date <u>651-423-3911</u> Telephone Number	18. Signed <u>N/A</u> Title Treasurer On <u>/</u> Date <u> </u> Telephone Number
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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)		Mailing Address	
Employer: ROCHESTER FORD-TOYOTA, INC.		P.O. Box, Building and Room Number, if any: N/A	
Trade Name: N/A		Street: 49001 HIGHWAY 52 NORTH	
Attention To: ROBERT GREGORY		City: ROCHESTER	
Title: PRESIDENT		State: MINNESOTA	ZIP Code + 4: 55906

5 b. Termination Date: 12-2-03	5 c. Amount: \$5,000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS: \$5,000 + \$7,080 = \$12,080 12003	

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		15 d. Amount: N/A	
Name: N/A Title: N/A Organization: N/A P.O. Box, Building and Room Number, if any: Street: City: State: Washington ZIP Code + 4:		15 e. Purpose: N/A	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: NONE
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