

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, fine, 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 2(a)(5) 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

371 322

1. File Number C- 00323	2. Period Covered By This Report From 1/1/2004 Through 12/31/2004
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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 **ROSE MOUNT**
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	18. Signed <u>N/A</u> Title Treasurer
On <u>8/29/08</u> Date	On <u>/</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)		Mailing Address	
Employer	NEW ENGLAND CENTER FOR CHANGE, INC	P.O. Box, Building and Room Number, if any	N/A
Trade Name	N/A	Street	320 RIVERSIDE DRIVE
Attention To	HAL GIBBER - KAREN DESALVIO	City	FLORENCE
Title	EXECUTIVE ASSOCIATE	State	MASSACHUSETTS
	DIRECTOR EXECUTIVE DIRECTOR	ZIP Code + 4	01062

5.b Termination Date	4-9-04	5.c Amount	\$11,841
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6 TOTAL RECEIPTS FROM ALL EMPLOYERS	\$11,841 + \$3,500 + \$22,668	2004
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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
				10 Publicity
				11 Fees for Professional Services
				12 Loans Made
				13 Other Disbursements
8 Total disbursements to officers and employees				14 Total Disbursements (Sum of Items 8-13)

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		15 e Purpose	
Title	N/A		N/A
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State Washington			
ZIP Code + 4			
16 TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			
NONE			