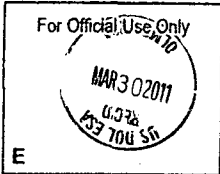


# FORM LM-21

## 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

453220

1. File Number C- <b>693</b>	2. Period Covered By This Report From: <b>1/1/10</b> Through: <b>12/31/10</b>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <b>GERALD OBRIEN</b>	4. Any other address where records necessary to verify this report are kept:
Title <b>CONSULTANT</b>	Name
Organization	Title
P.O. Box, Building and Room Number, if any	Organization
Street <b>23 SUMMIT HEIGHTS</b>	P.O. Box, Building and Room Number, if any
City <b>NORTH OAKS</b>	Street
State <b>MINNESOTA</b> ZIP Code + 4 <b>55127</b>	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 and instructions).

17. Signed <b>Gerald R. O'Brien</b>	President	18. Signed	Treasurer
Title <b>CONSULTANT</b>	(if other title, see instructions)	Title <b>Treasurer</b>	(If other title, see instructions)
On <b>3/23/11</b>	Date	On	Date
<b>651-261-7772</b>	Telephone Number		Telephone Number



Name of Person Filing: <b>GERALD OBRIEN</b>	File Number C-
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**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.

<b>5.a. Name and Address of Employer (including trade name, if any).</b> Employer <b>CHESSBOARD CONSULTING</b> Trade Name Attention To <b>Chris Cimino</b> Title <b>PRESIDENT</b>		<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any Street <b>1141 W. WASHINGTON, #235</b> City <b>Chicago</b> State <b>IL</b> ZIP Code + 4 <b>60607</b>	
<b>5.b. Termination Date</b> <b>12-21-10</b>		<b>5.c. Amount</b> <b>60685</b>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>		<b>220055</b>	

**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		
<b>GERALD OBRIEN</b>	<b>176,285</b>	<b>39,570</b>	<b>215,850</b>	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	<b>4200</b>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<b>220055</b>

**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.

<b>15.a. Employer Name:</b>	<b>15.b. Trade Name, if any:</b>
<b>15.c. To Whom Paid</b> Name Title Organization P.O. Box, Building and Room Number, if any Street City State <b>Washington</b> ZIP Code + 4	<b>15.d. Amount</b> <b>14020</b> <b>15.e. Purpose</b> <b>AIR FARES</b> <b>HOTELS</b> <b>Rental CARS</b> <b>MEALS</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	

Name of Person Filing: <b>GERALD OBRIEN</b>	File Number C-
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**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.a. Name and Address of Employer (including trade name, if any). Employer <b>ABM JAVITORIAL SERVICES</b> Trade Name Attention To <b>BRAD NELSON</b> Title <b>BRANCH MANAGER</b>		Mailing Address: P.O. Box, Building and Room Number, if any Street <b>1509 MICHIGAN STREET</b> City <b>DES MOINES</b> State <b>IA</b> ZIP Code + 4 <b>50314</b>	
5.b. Termination Date <b>4-22-10</b>		5.c. Amount <b>20186</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>220055</b>	

**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		
<b>GERALD OBRIEN</b>	<b>176,285</b>	<b>39,570</b>	<b>215,850</b>	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	<b>4200</b>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<b>220055</b>

**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:  15.c. To Whom Paid Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State <b>Washington</b> ZIP Code + 4	15.b. Trade Name, if any:  15.d. Amount <b>1961</b> 15.e. Purpose <b>AIR FARES</b> <b>HOTELS</b> <b>RENTAL CARS</b> <b>MEALS</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <b>GERALD OBRIEN</b>	File Number C-
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**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.a. Name and Address of Employer (including trade name, if any). Employer <b>ECKERT SEAMANS</b> Trade Name <b>CHERIN &amp; MELLOTT, LLC</b> Attention To <b>PHILLIP BINOTTO, JR</b> Title <b>ATTORNEY AT LAW</b>		Mailing Address: P.O. Box, Building and Room Number, if any Street <b>1001 CORPORATE DRIVE, # 200</b> City <b>CANONSBURG</b> State <b>PA</b> ZIP Code + 4 <b>15317</b>	
5.b. Termination Date <b>7-29-10</b>		5.c. Amount <b>54957</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>220055</b>	

**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		
<b>GERALD OBRIEN</b>	<b>176,285</b>	<b>39,570</b>	<b>215,850</b>	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	<b>4200</b>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<b>220055</b>

**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:  15.c. To Whom Paid Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State <b>Washington</b> ZIP Code + 4	15.b. Trade Name, if any:  15.d. Amount <b>6957</b> 15.e. Purpose <b>AIRFARES</b> <b>HOTELS</b> <b>RENTAL CARS</b> <b>MEALS</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <b>GERALD OBRIEN</b>	File Number C-
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**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.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	<b>LABOR RELATIONS SERVICES, INC.</b>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<b>24 CORPORATE PLAZA, #100</b>
Attention To	<b>JOHN HERMANN</b>	City	<b>NEW PORT BEACH</b>
Title	<b>PRESIDENT &amp; CEO</b>	State	<b>CA</b>
		ZIP Code + 4	<b>92660</b>
5.b. Termination Date		5.c. Amount	
<b>9-14-10</b>		<b>18594</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>220055</b>	

**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	
<b>GERALD OBRIEN</b>	<b>176,285</b>	<b>39,570</b>	<b>215,850</b>	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:				<b>4200</b>
				14. Total Disbursements (Sum of items 8-13)
				<b>220055</b>

**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:		15.b. Trade Name, if any:	
15.c. To Whom Paid		15.d. Amount	
Name		<b>6094</b>	
Title		15.e. Purpose	
Organization		<b>AIR FARES</b>	
P.O. Box, Building and Room Number, if any		<b>HOTELS</b>	
Street		<b>RENTAL CARS</b>	
City		<b>MEALS</b>	
State Washington		ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: <b>GERALD OBRIEN</b>	File Number C-
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**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.a. Name and Address of Employer (including trade name, if any).  Employee <b>CACR LABOR EDUCATION</b> Trade Name <b>SERVICES, INC.</b>  Attention To <b>Chris Cimino</b> Title <b>PRESIDENT</b>		Mailing Address: P.O. Box, Building and Room Number, if any  Street <b>1141 W. Washington, #235</b> City <b>Chicago</b> State <b>IL</b> ZIP Code + 4 <b>60607</b>	
5.b. Termination Date <b>12-21-10</b>		5.c. Amount <b>10260</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>220055</b>	

**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	
<b>GERALD OBRIEN</b>	<b>176,285</b>	<b>39,570</b>	<b>215,850</b>	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:				<b>4200</b>
				14. Total Disbursements (Sum of Items 8-13) <b>220055</b>

**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:	15.b. Trade Name, if any:
15.c. To Whom Paid  Name  Title  Organization   P.O. Box, Building and Room Number, if any  Street  City  State <b>Washington</b> ZIP Code + 4	15.d. Amount  15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <b>GERALD OBRIEN</b>	File Number C-
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**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.a. Name and Address of Employer (including trade name, if any):		Mailing Address:	
Employer	<b>ADAMS, NASH &amp; HASKELL, INC.</b>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<b>3940 Olympic Blvd, # 400</b>
Attention To	<b>BILL ADAMS</b>	City	<b>Erlanger</b>
Title	<b>PRESIDENT</b>	State	<b>KY</b>
		ZIP Code + 4	<b>41018</b>
5.b. Termination Date		5.c. Amount	
<b>12-14-10</b>		<b>16014</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>220055</b>	

**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
<b>GERALD OBRIEN</b>	<b>176,285</b>	<b>39,570</b>	<b>215,850</b>
			9. Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
			<b>4200</b>
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)
			<b>220055</b>

**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:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name	<b>3054</b>
Title	15.e. Purpose
Organization	<b>AIR FARES</b>
P.O. Box, Building and Room Number, if any	<b>HOTELS</b>
Street	<b>RENTAL CARS</b>
City	<b>MEALS</b>
State Washington	
ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	