U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Requires Ostors, 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

| 1 . File Number C- 6.93 | 2. Period Covered By This Report | Month/Day/Year (mπ/dd/yyyy) | | Month/Day/Year (mm/dd/yyyy) | |
|---|---|--|---|---|---------------|
| | From: | 1/1/12 | Through: | 12/31/ | <u>12</u> |
| | . ` | | | | |
| A. Person Filing | | ······································ | | | |
| Name and mailing address (include ZIP Code): | 4. Any other address | where records necessa | ary to verify | this report are kep | rt: |
| Name GERALD OBRIEN | Name | | | | |
| Title CONSULTANT | Title | mangan ang pangangan managan an pangan an ang pangan an ang pangan an an ang pangan an an ang pangan an an ang | | ری میں موت در میں کیا ۔ انتخاب در می موج درمیست رباہ ہے کا | |
| Organization | Organization | entermospherical and the second immersion of the second second | د میلودی و مستقد میلودی میلودی دی افغوردی و میلودی مالوی | ه چه د پلو د وه دهند خدیده البید و و دور الدوه به ده سرونیودید که همه دهری | · . • · |
| P.O. Box, Building and Room Number, if any | P.O. Box, Building | and Room Number, if a | any | | |
| Street 23 SUMMIT HEIGHTS | Street | e maga tanggag anama a garannang a ayaa sa ayaa ayaa maga na managaay magaman mada gara mada ayaa ayaa ay aya maga maga ma n | | | |
| City NORTHOAKS | City | Company of the Control of the Contro | | umanina nagagapan ya bi | |
| State NINNESOTA ZIP Code + 4 55127 | State | | ZIP Cod | e+4 | ****** |
| Signa | itures | | | | - |
| Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. See the Section on penalties in the instructions). | es of law, that all of the it signatory and is, to the | nformation submitted in the best of the undersigned | nis report (inc d's knowledg | luding the ge and belief, true, | , |
| 17. Signed President (if other title, see instructions) | 18. Signed | surer | | _ Treasurer (If other title, se instructions) | e |
| , | • | • | | | |

| Name of Person Filing: (SERALD OBRIE | N | File Number C- |
|---|--|---|
| B. Statement of Receipts Report all receipts from employers in connection services. | on with labor relations advice or service | es regardless of the purposes of the advice |
| 5.a. Name and Address of Employer (including trade name, if any). Employer PARK RIVER ESTATES CAPE | Mailing Address: P.O. Box, Building and Room | Number, if any |
| Trade Name Attention To THOMAS POLLOCK | Street 9899 A | vocet Street N.W. |
| Title Administrator | State MN | ZIP Code.+455433 |
| 5 h Tormination Data | | |

| C. Statement of Disbursements | 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. | | | | | |
|---|---|------------|--------------|----------|---|---------|
| Disbursements to Officers and Empi (a) Name | | (b) Salary | (c) Expenses | | | |
| GERALD OB | RIEN | 205,42 | 66,78 | 7 272,20 | 7. Office and Administrative Expenses | |
| | | | | | 10. Publicity | |
| | | | | | 11. Fees for Professional Services | |
| | | | | | 12. Loans Made | |
| | | | | | 13. Other Disbursements | |
| 8. Total disbursements to officers a | nd employees | :: | | | 14. Total Disbursements (Sum of Items 8-13) | 272.207 |

| 15.b. Trade Name, if any: 15.d. Amount 15.d. Amount |
|---|
| 15.d. Amount /3 |
| 15.e. Purpose |
| Mileage Reimbursement |
| |
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| _ |

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

| | , | ٠ | | | <u>.</u> | |
|---|--------------------------------------|---|---------------------------|---|--|--|
| Name of Person Filling: GERAL | File Number C- | | | | | |
| B. Statement of Receipts Report all receipts or services: | from employers in | connection w | rith labor relation | s advice or services regardless of the purpo | ses of the advice | |
| 5.a. Name and Address of Employer (including trad | |) rstrik | P.O. Box. B | lailing Address: uilding and Room Number, if any | | |
| Trade Name Attention To DAN WALSH Title VICE PRESIDENT | | | Street 2 | Street Z ATLANTZ AVENBE, PIERT City BROOKLYN | | |
| 5.b. Termination Date 6-8 | | | 7 | 24,222 | 11201 | |
| 6. ȚOTAL*RECEIPTS FROM ALL*EMPLOYER | | 72,2 | <u> </u> | | | |
| to the en 7. Disbursements to Officers and Employees: (a) Name (5) ELALO OBELEN | nployers listed in P | Cart B. (c) Expenses (c) (d) 787 | | ation in connection with labor relations advice a second sec | | |
| | | | <u> </u> | 10. Publicity | Commence of the commence of th | |
| | | Anna anna anna anna anna anna anna anna | | 11. Fees for Professional Services | The same state of the same same state of the sam | |
| | ann an ganten talkathaninin a silini | Land the second | | 12. Loans Made | | |
| | | September 200 | | 13. Other Disbursements | ar nair annua - La villa annua - | |
| Total disbursements to officers and employees: | | | | 14. Total Disbursements (Sum of Items 8-13) | 272,207 | |
| | | | ٠. | | | |
| D. Schedule of Disbursements for Reportal | | Jse this Scheonstructions. | dule to report on | ly disbursements made for the purposes de | scribed in Part D of the | |
| 15.a. Employer Name: | | 15.b. Trade | 15.b. Trade Name, If any: | | | |
| 5.c. To Whom Paid | | 15.d. Amou | 15.d. Amount 4.222 | | | |
| Name · | | 15 e Pumo | | | | |
| Title Organization | | | AIR FARES | | | |
| P.O. Box, Building and Room Number, if a | ny | | He RE M | NTAL CARS GALS | | |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

ZIP Code + 4

Street City

State Washington