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. 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)



3. Name and mailing address (include ZIP Code):

P.O. Box, Building and Room Number, if any

Name GERALD OBRIEN

CONSULTANT

A. Person Filing

Organization

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 693

2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy)

Prom: / / Through: 12/31/11

Name

Title

Organization

P.O. Box, Building and Room Number, if any

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

Street 23 SUMMIT HEIGHTS City NORTH OAKS State MINNESOTA ZIP Code + 4 SS127	Street City State ZIP Cod	e + 4
Sign	atures	
Each of the undersigned declares, under penalty of perjury and other applicable penal information contained in any accompanying documents) has been examined by the correct, and corporate. (See the Section on penalties in the instructions).		
17. Signed Land Rose President	18. Signed	_ Treasurer (If other title, see
Title Presiden Cousultant (if other title, see instructions)	Title Treasurer	instructions)
on 3 /25/2012 651-261-7772	On/	
Date Telephone Number	Date Telephone Number	

Name of Person Filing:	ieralo	OBR	IEN		File Number C-			
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	ervices:	om employers i	n connection v	VIUT RELIGIT TERRETO	its advice of services regardless of the purpo			
5.a. Name and Address of Employer (including trade name, if any).				P.O. Box, E	Mailing Address: P.O. Box, Building and Room Number, if any			
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Attention To PHI	LWILS	SN		City B	roken Arrow			
Title PRESIS	ENT	and the second of the second		State · C	OK ZIP Code 7	4011		
5.b. Termination Date	9-8	-11		5.c. Amoun	119949			
6. TOTAL RECEIPTS FROM	ALL EMPLOYERS		Z	19.2-	7 1			
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Statement of Disburser Disbursements to Officers ar (a) Name	to the emplo	oyers listed in F	Part B.		ation in connection with labor relations advice			
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Name of Person Filing: GERALD	OBR	IEN		File Number C-	
B. Statement of Receipts Report all receipts or services:	from employers in	connection w	vith labor relation	ns advice or services regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trad	e name, if any).			Mailing Address:	
Employer STEELKING	THOMSTA	2153 T		Building and Room Number, if any	Angular and the second
Trade Name	300000 F	<u> </u>		2700 CHAMBER 5	TREET
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Title PRESIDENT	A COLOR OF A COLOR OF THE COLOR		State V	and the second s	1481
5.b. Termination Date 6 - 21-	8 8		5.c. Amoun		4-901
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C. Statement of Disbursements Report al	Il dichurcamente a	nade by the re	norting omeniz	ation in connection with labor relations advice	e or services rendered
to the em	ployers listed in P	Part B.	sporting organiza		•
Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses (d	I) Totals		
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\$ 13				11. Fees for Professional Services	
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8. Total disbursements to officers and employe	es:			14. Total Disbursements (Sum of Items 8-13)	249.27
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15.a. Employer Name;			15.b. Trade	Name, If any:	
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15.c. To Whom Paid	· · · · · · · · · · · · · · · · · · ·		15.d. Amou	nt 2950	
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City					
State Washington	ZIP Code + 4				

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: GERALD	A A				
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B. Statement of Receipts Report all receipts from or services:	n employers	In connection	with labor relation	ns advice or services regardless of the purp	oses of the advice
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Trade Name	and a second after the second and a second		··· ·	3212 RED CLEVELAN	D BLVD.
Attention To JOHN GREE	N		City	SANFORD	
Title VICE PRESIDEN	T		State •	ZIP Cod	e+4
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5.b. Termination Date 12-5	-11		5.c. Amoun	37, 363	1000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		21	49.2	7 1	
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C. Statement of Disbursements Report all dis	bursements	made by the re	eporting organiz	ation in connection with labor relations advic	e or services rendered
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Name of Person Filling: GERALD	OBRIE	N			File Number C-		

B. Statement of Receipts Report all receipts from services.	om employers in con	nection w	ith labor relation	nis edvice or servi	cas regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any							
Employer AMERICAN LABOR	PEL MICH	~ ~	P.O. Box, E	Sulloing and Koom	Number, II any		
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Attention To NOLA BUCKN	1AN			OTO DE			
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FINANCIAL ASI	>1-41A-1			- R	926	79	
5.b. Termination Date 12-29	-11		5.c. Amoun	29	.343		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		40	.271	-			
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C. Statement of Disbursements Report all to the employee	lisbursements made loyers listed in Part B	by the re	porting organiza	ation in connection	ı with labor relations advice	or services rendered	
7. Disbursements to Officers and Employees: (a) Name	(b) Salary (c) Ex	penses (d)) Totals				
GERALD OBRIEN	188,165 50	506	244,67/	9. Office and Ad	Indinistrative Expenses		
and the second s			***************************************	10. Publicity			
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		Name of Street	·	12. Loans Made			
			-	13. Other Disbur	sements	4600	
8. Total disbursements to officers and employees	:			14. Total Disburse	ments (Sum of Items 8-13)	249.271	
D. Schedule of Disbursements for Reportable	Activity Use the instru	ds Sched	ule to report on	y disbursements	made for the purposes des	cribed in Part D of the	
15.a. Employer Name:	And the second s		15.b. Trede	Name, If any:			
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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Name of Person Filling: GERALD	OBRIEN		File Number (C-	
Statement of Receipts Report all receipts from or services.	a employers in connection	with labor relatio	ns advice or services regardless	of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade has Employer CACR LABOR ED MC		P.O. Box, E	Mailing Address: Building and Room Number, if any		
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5.b. Termination Date - 6 6. TOTAL RECEIPTS FROM ALL EMPLOYERS		5.c. Amount 249, 2	.71	190	
to the employer. 7. Disbursements to Officers and Employees:	bursements made by the re- rers listed in Part B. (b) Salary (c) Expenses (c)		ation in connection with labor rela	ations advice	or services rendered
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8. Total disbursements to officers and employees:		N	14. Total Distursements (Sum of	items 8-13)	249,271
D. Schedule of Disbursements for Reportable Ac 15.a. Employer Name:	ctivity Use this Sched instructions.		y disbursements made for the po	urposes desc	cribed in Part D of the
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Name of Person Filing: GERALD OBRI	EN			File Number C-		
B. Statement of Receipts Report all receipts from employers in or services.	connection w	rith labor relation	ns edvice or servi	ses regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).		P.O. Box, E	Aalling Address: Building and Room	Number, if any	And the second s	
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Title PRESIDENT		State		ZIP Code 606	The state of the s	
5.b. Termination Date 8-18-11	î }	5.c. Amount	26	.391		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	24	9.27				
C. Statement of Disbursements Report all disbursements me to the employers listed in Par 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c)	de by the re t B. Expenses (d		ition in connection	with labor relations advice	e or services rendered	
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15.a. Employer Name:		15.b. Trade	Name, If any:			
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State Washington ZIP Code + 4			en en grade de la companya de la com	Control of the Contro		

March 25, 2012

U.S. Department of Labor Office of Labor-Management Standards 200 Constitution Avenue NW, Room N-5616 Washington, DC 20210

Dir Sir/Madam:

Enclosed is my completed form LM-21 for 2011.

Please call me if you have any questions.

Thank you.

Sincerely,

Gerald OBrien

