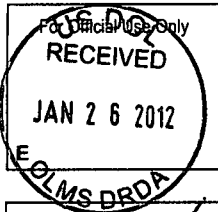


# FORM LM-21

## 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

472190

1. File Number C- <u>694</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2011	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2011
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### A. Person Filing

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

Name Russell M Brown  
Title President  
Organization RoadWarrior Production LLC  
P.O. Box, Building and Room Number, if any  
Street 108 S Indian Circle  
City Cocoa  
State Florida ZIP Code + 4 32922

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

Name  
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 [Signature] President  
Title President (if other title, see instructions)

18. Signed \_\_\_\_\_ Treasurer  
Title Other (Specify) (If other title, see instructions)

On 01 / 19 / 2012 3215078997  
Date Telephone Number

On / / \_\_\_\_\_  
Date Telephone Number

Name of Person Filing: Russell Brown	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 LRI Consulting Services Inc.		P.O. Box, Building and Room Number, if any	
Trade Name		P.O. Box 1529	
Attention To Philip Wilson		Street 7850 South Elm Place	
Title President		City Broken Arrow	
		State Oklahoma ZIP Code + 4 74013	
5.b. Termination Date n/a		5.c. Amount 117,281	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 117,281			

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