

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

4/19/10
E

426723

1. File Number C-672	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1/1/06	Through:	Month/Day/Year (mm/dd/yyyy) 12/31/06
----------------------	--	--	----------	--

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name GERALD R. O'BRIEN Title Sole Proprietor-Consultant Organization P.O. Box, Building and Room Number, if any Street 23 SUMMIT HEIGHTS City NORTH OAKS State MINNESOTA ZIP Code + 4 55127	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 <u>Gerald R. O'Brien</u> President Title Sole Proprietor (if other title, see instructions)	18. Signed _____ Treasurer Title Treasurer (if other title, see instructions)
On <u>4/10/10</u> <u>651-261-7772</u> Date Telephone Number	On <u>/ /</u> _____ Date Telephone Number

Name of Person Filing: GERALD R. O'BRIEN	File Number C-
---	----------------

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	MGS management Consulting INC.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	41822 Calle Bandido, #2
Attention To	Jim Lauren	City	Murrieta
Title	President	State	CA
		ZIP Code + 4	92562

5.b. Termination Date	5.c. Amount 3,662.48
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	349,667

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		
GERALD R. O'BRIEN	27603	70,263	346,302	9. Office and Administrative Expenses	2012
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	1353
8. Total disbursements to officers and employees:			346,302	14. Total Disbursements (Sum of Items 8-13)	349,667

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	

Name of Person Filing: GERALD R. O'BRIEN	File Number C-
---	----------------

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	Dunkin Donuts NE Dist Ctr Inc.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	150 Depot Street
Attention To	BRYAN HARNETT	City	Bellingham, MA
Title	CEO (ex)	State	MA
		ZIP Code + 4	02019
5.b. Termination Date		5.c. Amount 101,624	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		349,667	

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
See page w/			
MGS listed in			
5a.			
8. Total disbursements to officers and employees:			

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
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			

Name of Person Filing: GERALD R. O'BRIEN	File Number C-
---	----------------

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 Brunner International Trade Name Attention To Brad McDonald Title Vice President	Mailing Address: P.O. Box, Building and Room Number, if any Street 3959 BATES ROAD City MEDINA State NY ZIP Code + 4 14103
5.b. Termination Date	5.c. Amount 36,956
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 349,667	

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	
See page w/				9. Office and Administrative Expenses
				10. Publicity
MGS listed				11. Fees for Professional Services
in 5a.				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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount	
	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: GERALD R. O'BRIEN	File Number C-
---	----------------

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	Getronics Wang Co LLC	P.O. Box, Building and Room Number, if any	
Trade Name		Street	290 Concord Rd.
Attention To	MARthe C. Stanek	City	Billerica
Title	Assoc. General Counsel	State	MA
		ZIP Code + 4	01821-4130
5.b. Termination Date		5.c. Amount	14,790
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		349,667	

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	
See page w/				9. Office and Administrative Expenses
				10. Publicity
MGS listed				11. Fees for Professional Services
in 59.				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		

Name of Person Filing: GERALD R. O'BRIEN	File Number C-
---	----------------

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	Adams, Nash & Haskell, Inc.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	1717 Dixie Highway, Suite 910
Attention To	William Adams	City	Fort Wright
Title	President	State	KY
		ZIP Code + 4	41011
5.b. Termination Date		5.c. Amount 4544	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		349,667	

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	
See page w/				9. Office and Administrative Expenses
MGS listed				10. Publicity
in 5a.				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		

Name of Person Filing: GERALD R. O'BRIEN	File Number C-
---	----------------

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 STEEL KING Industries, INC. Trade Name Attention To JAY ANDERSON Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 2700 Chambers Street City Stevens Point State WI ZIP Code + 4 54481
5.b. Termination Date	5.c. Amount 16,206
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 349,667	

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	
See page w/				9. Office and Administrative Expenses
				10. Publicity
MGS listed				11. Fees for Professional Services
in 5a.				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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount	
	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: GERALD R. O'BRIEN	File Number C-
---	----------------

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	Employers Association, Inc	P.O. Box, Building and Room Number, if any	
Trade Name		Street	9805 45th Ave. No.
Attention To	Tom Rinne	City	Plymouth
Title	Director, Labor Relations	State	MN
		ZIP Code + 4	55442
5.b. Termination Date		5.c. Amount	
		23,641	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		349,667	

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	
See page w/ MGS listed in 5a.				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	

Name of Person Filing: GERALD R. O'BRIEN	File Number C-
---	----------------

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 Lowe's Companies, Inc. Trade Name Attention To James M. Johnson Title Vice President, Employee Relations	Mailing Address: P.O. Box, Building and Room Number, if any Street 1000 Lowe's Blvd City Mooreville State North Carolina ZIP Code + 4 28117
5.b. Termination Date 6-30-06	5.c. Amount \$6,490
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 349,667	

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	
see page w/ MGS listed on 5a				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 9930	
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.e. Purpose AIR Fares HOTELS Rental CARS Meals	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 9930		

Name of Person Filing: GERALD R. O'BRIEN	File Number C-
---	----------------

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	YARBROUGH Inc.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	4815 E. Carefree Hwy #108-296
Attention To	MARY YARBROUGH	City	Cave Creek
Title	Vice President	State	AZ
		ZIP Code + 4	85331
5.b. Termination Date		5.c. Amount	
		103,453	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		349,667	

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	
see page w/ MGS listed on 5A				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	