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, finos, or civil penalties as provided by 29 U.S.C. 439 or 440.

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Library of the Lobor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1 . File Number C- 43.5	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyy) Through: Month/Day/Year (mm/dd/yyy) Through: Month/Day/Year (mm/dd/yyy)
A. Person Filling  3. Name and mailing address (include ZIP Code):	
Name RUSS BROWN Title CER	Any other address where records necessary to verify this report are kept:  Name  Title
Organization DUSS BROWN ASSOCIATES	Organization
P.O. Box, Building and Room Number, if any  # 233  Street 5753 6 SANNA ANACYN RO  City ANAHAM  State 04 ZIP Code + 4 72601	P.O. Box, Building and Room Number, if any  Street  City  State  ZIP Code + 4
Signa	ntures
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 information submitted in this report (including the a signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President President (If other title, see Instructions)	18. Signed Treasurer  (If other title, see instructions)
On 57/51/2010 8/8 421~1578  Telephone Number	On Date Telephone Number

Name of Person Filing: RUSS BROWN	ASSOCIATE	File Number C-					
B. Statement of Receipts Report all receipts from employers in or services.	connection with labor relat	ions advice or services regardless of the pur	poses of the advice				
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:					
Employer GENCOR FUDUSTING	P.O. Box	, Building and Room Number, If any					
Trade Name	Street	5201 W. ONAHGE	BIDSOUMA				
Attention To ET ELLIOT	City	ONLANDO					
Title CEP	State		de +4 32810				
5.b. Termination Date 7/1/27	5.c. Amo	uni 113,247					
6, TOTAL RECEIPTS FROM ALL EMPLOYERS	16,700						
C. Statement of Disbursements Report all disbursements m	ade by the reporting organ	ization in connection with labor relations adv	ice or services rendered				
to the employers listed in Pa	art B.	·					
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c)	c) Expenses (d) Totals						
MALIY 145(1661 13,350)		9. Office and Administrative Expenses					
MIKE CASILLAS 3,150		10. Publicity					
EDDIE NAVAND 1.505		11. Fees for Professional Services					
		12. Loans Made					
		13. Other Disbursements					
8. Total disbursements to officers and employees:	28,605	14. Total Disbursements (Sum of Items 8-13	28,605				
D. Schedule of Disbursements for Reportable Activity U	se this Schedule to report	only disbursements made for the purposes d	escribed in Part D of the				
	nstructions.						
15.a. Employer Name:	15.b. Tra	de Name, If any:	(				
15.c. To Whom Paid	15.d. Am	ount					
Name 15.e. Purpose							
Title	——————————————————————————————————————	post	<del></del> -				
Organization							
Organization			į į				
P.O. Box, Building and Room Number, if any							
o. sox, saliding and recommender, it ally	¬		{}				
Street	<b>≒</b> Ⅱ		H				
City							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVI	11 7/6 0	20					
76. TOTAL DISBURSEIVIENTS FOR ALL REPORTABLE ACTIVITY 716, 700							

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the or services.	advice						
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Building and Room Number, if any							
Trade Name Street 1750 SUMHIT 011	<u>.</u>						
Attention To WELVEL BEELHAWN City HUBUIN HILLS  Title State State ZIP Code + 4	8236						
5.b. Termination Date 12/3/01 5.c. Amount 78,600							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 716, 700							
C. Statement of Disbursements  Report all disbursements made by the reporting organization in connection with labor relations advice or service to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (d) Totals	es rendered						
SHAVE ZEBB 23615 9. Office and Administrative Expenses	<del></del>						
	====						
The state of the s							
12. Loans Made							
13. Other Disbursements	- 400						
8. Total disbursements to officers and employees: 34,345   14. Total Disbursements (Sum of Items 8-13)   35,	375						
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Finstructions.	Part D of the						
15.a. Employer Name: 15.b. Trade Name, If any:							
15.c. To Whom Paid							
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 716, 700							

Name of Person Filing: QUSS BROWN ASSOCIATES File Number C-									
B. Statement of	Rece	lpts Report all receipts from or services.	n employers ir	connection w	ith labor relation	ns advice or servi	ices regardless of the purp	oses (	of the advice
5.a. Name and Address of Employer (including trade name, if any).  Malling Address:  P.O. Box, Building and Room Number, if any									
Employer [	CA	POENCE I	UHOUA	72005		and the state of t			
Trade Name					Street	977 E	1474 HIL	ER	20
Attention To		LYWW ]	GLABA	ENT	City	Thoy			
Title		5xac Ass	65 THK	7	State	MI	ZIP Coo	ie + 4	48084
5.b. Termination	Date	8/3/01	<del>,</del>	]	5.c, Amoun	389,	720		
6. TOTAL RECEI	PTS	FROM ALL EMPLOYERS	70	6,70	0	······································	<del></del>		
<del></del>		<del></del>				······································			
C. Statement of	Disb	ursements Report all di	sbursements r	made by the re	porting organiz	ation in connection	on with labor relations advi	ce or s	services rendered
7. Disbursements t	o Offi	cers and Employees:	yers used at t	, .					
(a) Name			(b) Salary	(c) Expenses (c	d) Totals				
SHADER		ZEBIB	1411		·	9. Office and A	Administrative Expenses		
LONGN		CLYBURN	45,69			10. Publicity			
JASON		SCHARFFER	19,24	0		11. Fees for Pr	ofessional Services		
						12. Loans Made	3		
						13. Other Disbu	ursements		
8. Total disburser	nents	to officers and employees		15	6,995	14. Total Disburs	sements (Sum of Items 8-13)	1	56,995
					/				
D. Schedule of I	Disbu	rsements for Reportable		Use this Sche	dule to report or	ly disbursements	made for the purposes de	escribe	ed in Part D of the
15.a. Employer N	lame			mistractions.	15 h Trede	Name, If any:			
Total Employer is		·		<del></del> -	75.5. 7786	- Haile, II 2017.	<del></del>		
	==				_				
15.c. To Whom Pald 15.d. Amount									
Name 15.e. Purpose									
Title		·····					·····		<del></del>
Organization									
P.O. Box, Building and Room Number, if any									
Street									
City									
State Washington ZIP Code + 4									
		<del></del>		(177)	<u> </u>				
IS. IUIALDISB	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  1/6, 700								

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 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 15. Schedule of Disbursements made for the purposes described in Part D of the instructions.  15.a. Employer Name:  15.b. Trade Name, If any:	Name of Person Filing:	Russ	Brewn	ASSOCI	ARES		File Number C-	
Employer    Food Name	B. Statement of Rece		eipts from employers In	connection with I	abor relation	s advice or servi	ces regardless of the purpo	ses of the advice
Employer   ILLUM   INGLISTATE   Street   ILLUM   ILLUM	5.a. Name and Address o	f Employer (includin	ig trade name, if any).		м	ailing Address:		
Tride Name Attention To Title  ### PITTECTBAL  State  #### State  ##################################	Employer 2	1241244	PAGASTON	IDC.	P.O. Box, Bu	ilding and Room	Number, if any	<u>-</u>
Attention To	_				Street 🚄	7/225	PLYMOUTH	eo -
Sib. Termination Date    Sib. Termination Date	Attention To	LELLY	PEHPE	21	City			
S. Tortal Receipts FROM ALL EMPLOYERS  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.  Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expanses (d) Totals  PARTY   Professional Services  10. Publicity 11. Fees for Professional Services 12. Leans Made 13. Other Disbursements 13. Other Disbursements 14. Total disbursements to officers and employees:  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.c. To Whom Pald  Name  15.c. To Whom Pald  Name  27. Colar Amount  15.c. To Whom Pald  Name  28. Total Disbursements made for the purposes described in Part D of the instructions.	<del></del>				State			+4 48170
3. TOTAL RECEIPTS FROM ALL EMPLOYERS    Comparison   Comp		,	/		<u> </u>	7.87.9-71		
C. Statoment 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.  D. 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 12. Loans Made 12. Loans Made 13. Other Disbursements 15. Other Disbursements (Sum of Items 8-13) 15. Trade Name, If any:  15. Trade Name, If	5.b. Termination Date	7/11	107		5.c. Amount	213,6	63,23	
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  9. Total disbursements to officers and employees:  (a) Name  15. Expenses (d) Totals  9. Office and Administrative Expenses  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  15. Total Disbursements (Sum of Items 8-13)  15. Trade Name, If any:  15. Trade Name, If any:  15. Amount  15. Purpose	6. TOTAL RECEIPTS F	FROM ALL EMPL	OYERS 7/6	.700	>	<del></del>		
to the employers listed in Part 8.    Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals		··· <del></del>		<del>/</del>				
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 13. Total disbursements to officers and employees:  14. Total Disbursements (Sum of Items 8-13)  15. Employer Name:  15. Trade Name, If any:  15. Purpose  15. Purpose  15. Purpose  15. Purpose  15. Purpose  15. Purpose	C. Statement of Disbu				ting organiza	tion in connectio	n with labor relations advice	e or services rendered
(a) Name (b) Salary (c) Expenses (d) Totals  3. Office and Administrative Expenses  10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements  3. Total disbursements to officers and employees:  4. Total Disbursements (Sum of Items 8-13)  4. Total Disbursements (Sum of Items 8-13)  5. Schedule of Disbursements for Reportable Activity  4. Total Disbursements made for the purposes described in Part D of the instructions.  4. Total Disbursements made for the purposes described in Part D of the instructions.  4. Total Disbursements (Sum of Items 8-13)  5. Schedule of Disbursements for Reportable Activity  4. Total Disbursements made for the purposes described in Part D of the instructions.  4. Total Disbursements (Sum of Items 8-13)  5. Schedule of Disbursements (Sum of Items 8-13)  6. Schedule of Disbursements (Sum of Items 8-13)  7. Schedule of Disbursement	7 D'abana and to Offic			Part B.				
10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 13. Total disbursements to officers and employees:  14. Total Disbursements (Sum of Items 8-13) 15. Employer Name:  15. Trade Name, If any:  15. Purpose  15. Purpose  15. Purpose  15. Purpose		cers and Employees		(c) Expenses (d) To	otals			
11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  3. Total disbursements to officers and employees:  15. Employer Name:  15. Total Disbursements made for the purposes described in Part D of the instructions.  15. Total Disbursements made for the purposes described in Part D of the instructions.  15. Total Disbursements made for the purposes described in Part D of the instructions.  15. Total Disbursements made for the purposes described in Part D of the instructions.  15. Total Disbursements made for the purposes described in Part D of the instructions.  15. Total Disbursements made for the purposes described in Part D of the instructions.  15. Total Disbursements made for the purposes described in Part D of the instructions.  15. D. Trade Name, If any:  15. D. Trade Name, If	MAMY	11950100	1 22,89	7		9. Office and A	dministrative Expenses	
12. Loans Made  13. Other Disbursements  13. Other Disbursements (Sum of Items 8-13)  14. Total Disbursements (Sum of Items 8-13)  15. Schedule of Disbursements for Reportable Activity  15. Employer Name:  15. Employer Name:  15. Trade Name, If any:  15. Purpose	DAMO	ALOGIA	54/80	2		10. Publicity		
13. Other Disbursements  15. Total disbursements to officers and employees:  15. Schedule of Disbursements for Reportable Activity  15. Employer Name:  15. Trade Name, If any:  15. Amount  15. Amount  15. Purpose  15. Purpose  15. Purpose  15. Purpose	AUT	Roscells	2 7.750			11. Fees for Pro	fessional Services	
3. Total disbursements to officers and employees:    16, 535, 535, 535, 535, 535, 535, 535, 53	LONEU	CLYBUN	IN BICCA	5		12. Loans Made		
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  15.a. Purpose  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4	5 HADE	268118	9,990			13. Other Disbu	rsements	
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  15.e. Purpose  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4	8. Total disbursements	to officers and en	nployees:	196	35.5	214. Total Disburs	ements (Sum of Items 8-13)	96,535.5
instructions.  15.a. Employer Name:    15.b. Trade Name, If any:   15.c. To Whom Paid   15.d. Amount				<del></del>				
instructions.  15.a. Employer Name:    15.b. Trade Name, If any:   15.c. To Whom Paid   15.d. Amount	D. Schedule of Dishu	reaments for Res	nortable Activity	In this Schodule	to report on	v dishursements	made for the purposes de	scribed in Part D of the
15.c. To Whom Paid  Name  15.e. Purpose  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4					to report on	y disbuisements	Thate for the purposes te-	SCIDED III T AIL D OI THE
Name   15.e. Purpose   15.e. P	15.a. Employer Name:	:			15.b. Trade	Name, If any:		
Name   15.e. Purpose   15.e. P								
Title Organization  P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4  15. FOR ALL REPORTABLE ACTIONS	15.c. To Whom Paid				15.d. Amour	nt [		
P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4  State North RICRUSSEMENTS FOR ALL REPORTABLE ACTIONS	Name				15 e Pumos			
P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4	Title				10.0.1 0100.			
P.O. Box, Building and Room Number, if any  Street  City  State Washington  ZIP Code + 4  15 TOTAL RICRUSSEMENTS FOR ALL REPORTABLE ACTIONS								
Street  City  State Washington  ZIP Code + 4  15 TOTAL DISPUISEMENTS FOR ALL REPORTABLE ACTIVITY	organization [							
Street  City  State Washington  ZIP Code + 4  15 TOTAL DISPUISEMENTS FOR ALL REPORTABLE ACTIVITY	P.O. Box, Building a	and Room Numbe	er, if any					
City ZIP Code + 4								
State Washington ZIP Code + 4	Street							
46 TOTAL DISCUISSEMENTS FOR ALL REPORTABLE ACTIVITY	City			<del>_</del>				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	State Washingto	on	ZIP Code + 4					
	16. TOTAL DISBURSE	MENTS FOR AL	L REPORTABLE ACTI	VITY	~ ~			