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Page 1 of 2

Name of Person Filing: <b>GERALD O'BRIEN</b>	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	<b>Dunkin Donuts Distribution</b>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<b>150 DEPOT STREET</b>
Attention To	<b>Bryan HARTNETT</b>	City	<b>BELLINGHAM</b>
Title	<b>CEO</b>	State	<b>MA</b>
		ZIP Code + 4	<b>02019</b>
5.b. Termination Date		5.c. Amount	
<b>12-30-08</b>		<b>61,401</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>426,743</b>	

**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	
<b>GERALD O'BRIEN</b>	<b>326,743</b>	<b>95,333</b>	<b>421,607</b>	9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
				<b>5136</b>
8. Total disbursements to officers and employees:			<b>421,607</b>	14. Total Disbursements (Sum of Items 8-13)
				<b>426,743</b>

**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		<b>16,001</b>	
Title			
Organization		15.e. Purpose	
P.O. Box, Building and Room Number, if any		<b>AIR FARES</b>	
Street		<b>HOTELS</b>	
City		<b>Rental CARS</b>	
State <b>Washington</b>		<b>meals</b>	
ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: <b>GERALD O'BRIEN</b>	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). Employer <b>Employers Association</b> Trade Name Attention To <b>TOM Rinne</b> Title <b>Vice President LABOR Relations</b>		Mailing Address: P.O. Box, Building and Room Number, if any Street <b>9805 45th Ave, North</b> City <b>PLYmouth</b> State <b>MN</b> ZIP Code + 4 <b>55442</b>	
5.b. Termination Date <b>1-10-08</b>		5.c. Amount <b>650</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>426,743</b>	

**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	
<b>See page with Dunkin Donuts in SA</b>				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 Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State <b>Washington</b> ZIP Code + 4	15.d. Amount <b>-0-</b>	
	15.e. Purpose	
	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <b>GERALD OBRIEN</b>	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 <b>LABOR Relations Institute</b> Trade Name Attention To <b>Phillip WILSON</b> Title <b>Vice President</b>	P.O. Box, Building and Room Number, if any Street <b>7850 E. South Elm Place</b> City <b>BROKEN ARROW</b> State <b>OK</b> ZIP Code + 4 <b>74013</b>		
5.b. Termination Date <b>12-16-08</b>	5.c. Amount <b>50,590</b>		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <b>426,743</b>			

**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	
<b>See page with Dunkin Donuts in 5a</b>				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 <b>10,090</b>
Name Title Organization P.O. Box, Building and Room Number, if any Street City State <b>Washington</b> ZIP Code + 4	15.e. Purpose <b>AIR FARES</b> <b>HOTELS</b> <b>Rental CARS</b> <b>Meals</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <b>GERALD OBrien</b>	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	<b>STEEL KING Industries</b>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<b>2700 Chambers Street</b>
Attention To	<b>JAY Anderson</b>	City	<b>Stevens Point</b>
Title	<b>President</b>	State	<b>WI</b>
		ZIP Code + 4	<b>54481</b>
5.b. Termination Date <b>6-23-08</b>		5.c. Amount <b>35,379</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>426,743</b>	

**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	
<b>See page with Dunkin Donuts in 5a</b>				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 <b>8,369</b>
Name	15.e. Purpose <b>AIR FARES HOTELS Rental CARS Meals</b>
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State <b>Washington</b>	ZIP Code + 4
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <b>GERALD O'BRIEN</b>	File Number C-
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<b>B. Statement of Receipts</b> 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 <b>Ocean State CPL</b> Trade Name Attention To <b>Bob Mongeon</b> Title <b>BOARD Member</b>	Mailing Address: P.O. Box, Building and Room Number, if any  Street <b>40 Jordan Street</b> City <b>East Providence</b> State <b>RI</b> ZIP Code + 4 <b>02914</b>
5.b. Termination Date <b>7-10-08</b>	5.c. Amount <b>45,603</b>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <b>426,743</b>	

<b>C. Statement of Disbursements</b> 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	
<b>See page with Dunkin Donuts in 59</b>				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)

<b>D. Schedule of Disbursements for Reportable Activity</b> 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 <b>Washington</b> ZIP Code + 4	15.d. Amount <b>11,403</b>
	15.e. Purpose  <b>AIR FARES HOTELS Rental Cars meals</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <b>GERALD OBRIEN</b>	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	<b>RED CROSS</b>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<b>2025 E. Street NW</b>
Attention To	<b>SABIN PETERSON</b>	City	<b>WASHINGTON</b>
Title	<b>DIRECTOR OF LABOR RELATIONS</b>	State	<b>DC</b>
		ZIP Code + 4	<b>20006</b>
5.b. Termination Date		5.c. Amount	
<b>12-5-08</b>		<b>160,045</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>426,743</b>	

**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	
<b>See page with Dunkin Donuts in 5a</b>				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	<b>32,020</b>
Title	15.e. Purpose
Organization	<b>AIR FARES</b>
P.O. Box, Building and Room Number, if any	<b>HOTELS</b>
Street	<b>RENTAL CARS</b>
City	<b>Meals</b>
State <b>Washington</b>	
ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <b>GERALD OBRIEN</b>	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 <b>GETRONICS</b>	P.O. Box, Building and Room Number, if any		
Trade Name	Street <b>100 AMES POND Rd, #202</b>		
Attention To <b>MARthe STANEK</b>	City <b>TEWKSBURY</b>		
Title <b>Assoc. General Counsel</b>	State <b>MA</b>	ZIP Code + 4	<b>01876</b>
5.b. Termination Date <b>7-11-08</b>	5.c. Amount <b>55,995</b>		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>426,743</b>	

**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		
<b>See page with Dunkin Donuts in 5a</b>				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 <b>13,495</b>	
Name		15.e. Purpose <b>AIR FARES HOTELS Rental CARS Meals</b>	
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State <b>Washington</b>	ZIP Code + 4		

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY



Name of Person Filing: <b>GERALD OBRIEN</b>	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	<b>TUFTS MEDICAL CENTER</b>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<b>750 Washington Street</b>
Attention To	<b>PAUL HEFFERNAN</b>	City	<b>BOSTON</b>
Title	<b>Vice President Human Resources</b>	State	<b>MA</b>
		ZIP Code + 4	<b>02111</b>
5.b. Termination Date		5.c. Amount	
<b>10-14-08</b>		<b>10,168</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<b>426,743</b>	

**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		
<b>See page with Dunkin Donuts in SA</b>				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 Title Organization P.O. Box, Building and Room Number, if any Street City State <b>Washington</b> ZIP Code + 4		<b>4318</b>	
		15.e. Purpose	
		<b>AIR FARES</b> <b>HOTELS</b> <b>RENTAL CARS</b> <b>MEALS</b>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY