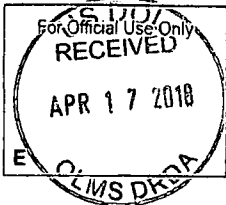


FORM LM-21

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

675383

1. File Number C- 693	2. Period Covered By This Report From: 1/1/17 Through: 12/31/17
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name GERALD OBRIEN Title CONSULTANT Organization P.O. Box, Building and Room Number, if any Street 23 Summit Heights City NORTH OAKS State MN 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 Gerald O'Brien President Title CONSULTANT (if other title, see instructions)	18. Signed _____ Treasurer Title _____ (If other title, see instructions)
On 3/26/18 Date 651-261-7772 Telephone Number	On _____ Date _____ Telephone Number

Name of Person Filing: GERALD O'BRIEN	File Number C- 693
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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	NCT Building Systems	P.O. Box, Building and Room Number, if any	
Trade Name	Metal Coaters	Street	10943 N. Sam Houston Pkwy
Attention To	Chris Kapp	City	Houston
Title	V.P. HR.	State	TX
		ZIP Code + 4	77064
5.b. Termination Date	7-6-17	5.c. Amount	2535.00
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		30,268	

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	
G. O'Brien			30,268	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)
				30,268

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 O'BRIEN	File Number C- 693
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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 Munson Medical Center Trade Name Attention To Rachel Roe Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 1105 Sixth Street City Traverse City State MI ZIP Code + 4 49684
5.b. Termination Date 8-3-17	5.c. Amount 23,498.00
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 30,268	

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	
G. O'Brien			30268	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) 30268

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 O'BRIEN	File Number C- 693
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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 Falck Ambulance Trade Name Attention To SEAN Sullivan Title COO		Mailing Address: P.O. Box, Building and Room Number, if any Street 2190 S. McDowell Blvd. City Petaluma State CA ZIP Code + 4 94954	
5.b. Termination Date 10-6-17		5.c. Amount 4235.00	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 30,268			

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
G. O'Brien			30,268
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13) 30,268

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