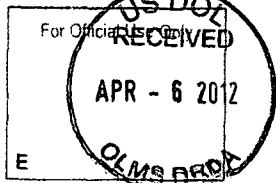


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

494 277

1. File Number C- 693	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		1 / 1 / 11		12 / 31 / 11

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 **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

Title

President

Consultant

President

(if other title, see instructions)

18. Signed

Title

Treasurer

Treasurer

(if other title, see instructions)

On

3 / 25 / 2012

Date

Telephone Number

651-261-7772

On

/ /

Date

Telephone Number

Name of Person Filing: GERALD OBRIEN	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

Street

7850 S. ELM PLACE

Attention To **PHIL WILSON**

City

BROKEN ARROW

Title **PRESIDENT**

State

OK

ZIP Code + 4

74011

5.b. Termination Date

9-8-11

5.c. Amount

119,949

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

249,271

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 OBRIEN

188,165

56,506

244,671

9. Office and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

4600

8. Total disbursements to officers and employees:

14. Total Disbursements (Sum of Items 8-13)

249,271

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

26,949

15.e. Purpose

**AIRFARES
HOTELS
RENTAL CARS
MEALS**

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: **GERALD OBRIEN**

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:

P.O. Box, Building and Room Number, if any

Employer **STEEL KING INDUSTRIES, INC.**

Trade Name

Street

2700 CHAMBER STREETAttention To **JAY ANDERSON**

City

STEVENS POINTTitle **PRESIDENT**

State

WI

ZIP Code + 4

54481

5.b. Termination Date

6-21-11

5.c. Amount

16,990

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

249,271**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 OBRIEN**188,165****56,506****244,671**

9. Office and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

4600

8. Total disbursements to officers and employees:

14. Total Disbursements (Sum of Items 8-13)

249,271**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

2950

Name

15.e. Purpose

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State **Washington**

ZIP Code + 4

**AIR FARES
HOTELS
RENTAL CARS
MEALS**

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: GERALD OBRIEN	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 AMERICAN LABOR RELATIONS SERVICES, INC.		P.O. Box, Building and Room Number, if any	
Trade Name		Street 17 RIVER ROCK DR.	
Attention To NOLA BUCKMAN		City COTO DE CAZA	
Title FINANCIAL ASSISTANT		State CA ZIP Code + 4 92679	

5.b. Termination Date 12-29-11	5.c. Amount 29,343
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	249,271
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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 OBRIEN	188,165	56,506	244,671	9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements 4600
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) 249,271

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 9698
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.e. Purpose AIRFARES HOTELS RENTAL CARS MEALS

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: **GERALD OBRIEN**

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:

P.O. Box, Building and Room Number, if any

Employer **CACR LABOR EDUCATION SERVICES**

Trade Name

Street

1141 W. WASHINGTON BLVD.Attention To **C.CIMINO**

City

CHICAGO

Title

ADMINISTRATOR

State

IL

ZIP Code + 4

60607

5.b. Termination Date

1-6-11

5.c. Amount

14190

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

249,271**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 OBRIEN	188,165	56,506	244,671	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	4600
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	249,271

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

5045

15.e. Purpose

**AIR FARE
HOTELS
Rental CARS
MEALS**

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: GERALD OBRIEN	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	CHESS BOARD CONSULTING INC.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	1141 W. WASHINGTON BLVD.
Attention To	C. CIMINO	City	CHICAGO
Title	PRESIDENT	State	IL
		ZIP Code + 4	60607
5.b. Termination Date		5.c. Amount	
8-18-11		26.391	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 249,271			

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 OBRIEN	188,165	56,506	244,671	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements 4600	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) 249,271	

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 4521	
Name		15.e. Purpose AIR FARES HOTELS RENTAL CAR MEALS	
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			



March 25, 2012

U.S. Department of Labor
Office of Labor-Management Standards
200 Constitution Avenue NW, Room N-5616
Washington, DC 20210

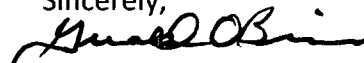
Dir Sir/Madam:

Enclosed is my completed form LM-21 for 2011.

Please call me if you have any questions.

Thank you.

Sincerely,


Gerald OBrien