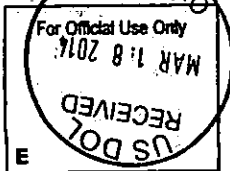


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT


545017

1. File Number C-694	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2013		12 / 31 / 2013

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Russell M Brown  Title President  Organization RoadWarrior Productions LLC  P.O. Box, Building and Room Number, if any P.O. Box 372636  Street  City Satellite Beach  State Florida ZIP Code + 4 32937-2636	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 President (If other title, see instructions)	18. Signed _____ Title Other (Specify) N/A Treasurer (If other title, see instructions)
On 03 / 07 / 2014 Date 3215078997 Telephone Number	On / / Date Telephone Number

Name of Person Filing: Russell Brown.	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 LRICS  Trade Name Labor Relations Institute  Attention To Phillip B Wilson  Title	Mailing Address: P.O. Box, Building and Room Number, if any  Street 7850 S Elm  City Broken Arrow  State Oklahoma ZIP Code + 4 74013-9701
5.b. Termination Date	5.c. Amount 97,015
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 97,015	

<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		
				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: Jan-Care Ambulance	15.b. Trade Name, if any:	
15.c. To Whom Paid Name Russell Brown Title Organization RoadWarrior Productions LLC  P.O. Box, Building and Room Number, if any PO Box 372636 Street City Satellite Beach State Florida ZIP Code + 4 32937-2636	15.d. Amount 11,000  15.e. Purpose Engaged to communicate to employees regarding Exercising their rights to organize and bargain collectively.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 11,000		

**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: AIM Aerospace Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Russell Brown Title Organization RoadWarrior Productions LLC P.O. Box, Building and Room Number, if any: Street 108 South Indian Circle City Coca State FL ZIP Code + 4 32922	15.d. Amount 32,013 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: HealthSouth Rehab Hospital of Spring Hill	15.b. Trade Name, if any:
15.c. To Whom Paid Name Russell Brown Title Organization RoadWarrior Productions LLC P.O. Box, Building and Room Number, if any: Street 108 South Indian Circle City Coca State FL ZIP Code + 4 32922	15.d. Amount 6,406 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: NDI Driveshaft	15.b. Trade Name, if any:
15.c. To Whom Paid Name Russell Brown Title Organization RoadWarrior Productions LLC P.O. Box, Building and Room Number, if any: Street 108 South Indian Circle City Coca State FL ZIP Code + 4 32922	15.d. Amount 26,993 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: LRI Consulting Services, Inc.,

File Number C- 00525

**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:**

Presbyterian Homes - Central Towers

**15.b. Trade Name, if any:**

**15.c. To Whom Paid:**

Name Russell Brown

Title

Organization RoadWarrior Productions LLC

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

Street 108 South Indian Circle

City Coca

State FL

ZIP Code + 4 32922

**15.d. Amount** 20,603

**15.e. Purpose**

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.