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. 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

. File Number C- 423	2. Period Covered	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	By This Report From:	1/1/07	Through: 12/31/C
. Person Filing			
Name and mailing address (include ZIP Code):			
_ ·	4. Any other address	where records necess	ary to verify this report are kept
Name GERALD OBRIEN	Name		
Title CONSULTANT	Title		
Organization :	Organization	an magning and the growing manager of the growth	
P.O. Box, Building and Room Number, if any	P.O. Box, Building	and Room Number, if	any
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street 23 Summit HEIGHTS	Street	and the second s	The second secon
city NORTHOAKS	City	The second control of	** · · · · · · · · · · · · · · · · · ·
State MINNESOTA ZIP Code + 4 SS127	State	and the state of t	ZIP Code + 4
			Zii Oode i 4
33/2			
Sign	atures		
Sign ch of the undersigned declares, under penalty of perjury and other applicable penal primation contained in any accompanying documents) has been examined by the	atures ties of law, that all of the	nformation submitted in t e best of the undersigne	nis report (including the d's knowledge and belief, true,
Sign ch of the undersigned declares, under penalty of perjury and other applicable penal primation contained in any accompanying documents) has been examined by the	atures ties of law, that all of the	nformation submitted in t e best of the undersigne	nis report (including the d's knowledge and belief, true,
ch of the undersigned declares, under penalty of perjury and other applicable penal ormation contained in any accompanying documents) has been examined by the trect, and complete. (See the Section on penalties in the instructions).	atures ties of law, that all of the	nformation submitted in t e best of the undersigne	nis report (including the d's knowledge and belief, true,
ch of the undersigned declares, under penalty of perjury and other applicable penal primation contained in any accompanying documents) has been examined by the meet, and complete. (See the Section on penalties in the instructions). Signer President (if other title, see	atures ties of law, that all of the ine signatory and is, to the	nformation submitted in the best of the undersigned	d's knowledge and belief, true, Treasurer (If other title, see
ch of the undersigned declares, under penalty of perjury and other applicable penal primation contained in any accompanying documents) has been examined by the meet, and complete. (See the Section on penalties in the instructions). Signer President (if other title, see	atures ties of law, that all of the ine signatory and is, to the	e best of the undersigne	d's knowledge and belief, true, Treasurer
Sign ach of the undersigned declares, under penalty of perjury and other applicable penal formation contained in any accompanying documents) has been examined by the firect, and complete. (See the Section on penalties in the instructions). President (if other title, see instructions)	atures ties of law, that all of the ine signatory and is, to the	e best of the undersigne	d's knowledge and belief, true, Treasurer (If other title, see
Sign sch of the undersigned declares, under penalty of perjury and other applicable penal formation contained in any accompanying documents) has been examined by the frect, and complete. (See the Section on penalties in the instructions). President (if other title, see	atures ties of law, that all of the ine signatory and is, to the	surer	d's knowledge and belief, true, Treasurer (If other title, see

Name of Person Filing:	GE	RALD	OBR	EN

File Number C-

B. Statement of Receipts Report all receipts from employers in connection will or services:	th labor rel	ations advice or services regardless	of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer DUNKIN' DONUTS DISTRIBU	P.O. BO	x, Building and Room Number, if any	
Trade Name	Street	150 DEPOT	STREET
Attention To Bryan HARTNETT	City	BELLINGHAM	
Title CEO	State	MA	ZIP Code + 4 8 2019
5.b. Termination Date 8-28-0	5.c. Am	ount 45,688	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		400,395	

C. Statement of Disbursements	Report all disbursements to the employers listed in		eporting organiza	ation in connection with labor relations advice	e or services rendered
Disbursements to Officers and Emp. (a) Name	loyees: (b) Salary	(c) Expenses (c	f) Totals		
GERALD OBRI	en) 310,690	85810	396,500	9. Office and Administrative Expenses	The state of the s
and the control of th		Section Continues (Section Section Sec	•	10. Publicity	
grander of the second of the s		Taken was a management of the same of the		11. Fees for Professional Services	The second secon
				12. Loans Made	
			,	13. Other Disbursements	3895
8. Total disbursements to officers a	nd employees:	3	96.500	14. Total Disbursements (Sum of Items 8-13)	400.395

D. Sche	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. En	nployer Name:		15.b. Trade Name, If any:	
15.c. To	Whom Paid		15.d. Amount 10.487	
Name			15.e. Purpose	
Title	the second of th		AIR FARES	
Organ	ization		HOTELS	
	The second secon	enterente de la companya de la comp	Rental Cars	
P.O. E	Box, Building and Room N	umber, if any	· · · · · · · · · · · · · · · · · · ·	
Street	ili. Birangan kanangan kanangan mengangan kanangan kenangan kenangan kenangan mengan kenangan kenangan kenangan ke	And the second of the second o	meals	
Sireei	\$1	er og er grenne mennegen gravet i til etter i til		
City	The second secon			
State	Washington	ZIP Code + 4		

Name of Person Filing: GERALD OBRIEN	File Number C-
	rith labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer Employer Clatto	Mailing Address: N P.O. Box, Building and Room Number, if any
Attention To Tom Rinne	Street 9805 45th Ave. North
Title Vice President Labor Relati	Cystate MN ZIP Code + 4 55442
5.b. Termination Date 11-2-07	5.c. Amount 26,024
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	400 305

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.			lered
Disbursements to Officers and Empli (a) Name	oyees: (b) Salar	y (c) Expenses (d) Totals	}	
See page u	orth		Office and Administrative Expenses	
Dunkin Do	Trunc		10. Publicity	
IN 5a.			11. Fees for Professional Services	
			12. Loans Made	
		**************************************	13. Other Disbursements	
8. Total disbursements to officers ar	nd employees:		14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for I	Reportable Activity Use this instruction	Schedule to report only disbursements made for the purposes described in Part D of the ons.
15.a. Employer Name:		15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 6524
Name		15.e. Purpose
Title		AIRFARE
Organization	•	
P.O. Box, Building and Room Num	aber, if any	HOTELS Rental Cars
Street		MEALS
City		
State Washington	ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR A	ALL REPORTABLE ACTIVITY	- in Lineard Control of the Control

Name of Person Filing: GERALD OBRIE	N File Number C-
B. Statement of Receipts Report all receipts from employers in connection or services.	with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer LABOR RELATIONS INSTIT	P.O. Box, Building and Room Number, if any
Trade Name	TOCA E South Elm Place
Attention To PHILLIP WILSON	Street 7850 E, South Elm Place City Broken Arrow
Title VICE PRESIDENT	State OK ZIP Code + 4
	74013
5.b. Termination Date 12-20-07	5.c. Amount 105, 412
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	UND 305

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 Empl (a) Name	loyees: (b) Salary	(c) Expenses (d) Total	als
See page u	orth		Office and Administrative Expenses
Dunkin Do	nuts		10. Publicity
in 5a		79 too 1 2000	11. Fees for Professional Services
	to the second of		12. Loans Made
	المنظم	A 198 & 200 -	13. Other Disbursements
8. Total disbursements to officers ar	nd 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 1Q 912
Name	15.e. Purpose
Title	AIRFAVES
Organization	
	HOTELS
P.O. Box, Building and Room Number, if any	Rental Cars
Street	Meals
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	IVITY

Name of Person Filing: GERALD OBRIEN	File Number C-
B. Statement of Receipts Report all receipts from employers in connection with or services.	h labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer Associated Brands, LP	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name Attention To SUE BAR IOW	Street 33.5 Judson Street City Toronto
Title VICE President Human Resource	State ONTARIO CANADA
5.b. Termination Date 10-11-07	5.c. Amount 75,005
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	400,395

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advito the employers listed in Part B.			e or services rendered	
Disbursements to Officers and Emplo (a) Name	yees: (b) Salary	(c) Expenses (d) Totals		
See page w	14h		9. Office and Administrative Expenses	
Dunkin Dor	iuts		10. Publicity	
In 5a.		A	11. Fees for Professional Services	
			12. Loans Made	
		The second second	13. Other Disbursements	
8. Total disbursements to officers and	d employees:	1	14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements fo	or 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 13, 185
Name		
Title		AIR FARES
Organization		HOTELS
P.O. Box, Building and Room No	umber, if any	Rental CARS
Street		Meals
City		
State Washington	ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR	R ALL REPORTABLE AC	TIVITY

Name of Person Filing: GERALD OBRIEN	File Number C-
B. Statement of Receipts Report all receipts from employers in conne or services.	ection with labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer American Cousulting G Trade Name Attention To Bob Long Title President	Mailing Address: TOUP P.O. Box, Building and Room Number, if any Street 23361 MADER6, #220 City MISSION VIELO, 8.
5.b. Termination Date 3-30-07	State A 2IP Code + 4 9269 1
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	5.c. Amount 41,830

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services to the employers listed in Part B.			e or services rendered	
7. Disbursements to Officers and Empi (a) Name	loyees: (b) Salary	(c) Expenses (d) Totals		
See page			9. Office and Administrative Expenses	
with Dank	19		10. Publicity	"
DONATS IN :	59	And the second second	11. Fees for Professional Services	
			12. Loans Made	
	The second secon	1.5 %	13. Other Disbursements	
8. Total disbursements to officers a	nd employees:		14 Total Dishursements (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 11. 965
Name	15.e. Purpose
Title	AIR FARES
Organization	HOTELS
P.O. Box, Building and Room Number, if any	Rental CARS Meals
Street	Meals
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	CTIVITY

Name of Person Filing: GERALD OBRIEN		File Number C-	
B. Statement of Receipts Report all receipts from employers in connection or services.	n with labor relations advice or service	as regardless of the purposes of the advice	•
5.a. Name and Address of Employer (including trade name, if any). Employer YAV brough Inc. Trade Name MARY YAV brough Attention To Title VICE President	Mailing Address: P.O. Box, Building and Room I Street 4815 & City CAVE CR State AZ	.Carefree Hwy#1 .eek	08-29(3]
5.b. Termination Date 4-3-07	5.c. Amount	76.263	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		100, 395	

C. Statement of Disbursements	Report all disbursements made by the reporting organization in connection with labor relations advice or services rend- to the employers listed in Part B.			or services rendered
Disbursements to Officers and Empl (a) Name	ployees: (b) Salary	(c) Expenses (d) Totals		
See page			9. Office and Administrative Expenses	
with Danki	in .		10. Publicity	
Donnts in	\	Accession	11. Fees for Professional Services	
59	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12. Loans Made	
		en e	13. Other Disbursements	
8. Total disbursements to officers a	ind employees:		14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reporta	ble Activity Use this Sinstruction	chedule to report only disbursements made for the purposes described in Part D of the $\mathbf s$.
15.a. Employer Name:		15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount
Name		15.e. Purpose
Title		AN FARES
Organization		HOTELS
P.O. Box, Building and Room Number, if a	nny	Rental CARS Meals
Street		Meacs
City		
State Washington	ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REP	PORTABLE ACTIVITY	

Name of Person Filing: GERALD OBRIEN	File Number C-
 B. Statement of Receipts Report all receipts from employers in connection wi or services. 	ith labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Lowe's Companies, IN	P.O. Box, Building and Room Number, if any
Trade Name	street 1000 Lowe's BLvd. city Mooresville
Attention to James M. Johnson	on mooreville
Title Vice President, Employee Relation	is State Worth ChroLina ZIP Code + 4 28117
5.b. Termination Date 7-12-07	5.c. Amount 30,683

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 Empi (a) Name	loyees: (b) Salary	(c) Expenses (d) Totals		
See lage			9. Office and Administrative Expenses	
With Danki	4		10. Publicity	
Donuts in	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		11. Fees for Professional Services	
59			12. Loans Made	
	A CONTRACTOR OF THE CONTRACTOR	and the second	13. Other Disbursements	
8. Total disbursements to officers a	nd employees:	1 1	14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements fo	r 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 5933
Name		15.e. Purpose
Title		AIR FAVES
Organization		HOTELS
P.O. Box, Building and Room No	umber, if any	Rental Cars Meals
Street	4	77.000
City		
State Washington	ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR	R ALL REPORTABLE AC	TIVITY

6. TOTAL RECEIPTS FROM ALL EMPLOYERS