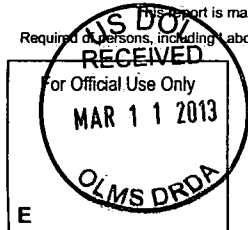


# FORM LM-21

## 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

514492

1. File Number C- <u>694</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2012		12 / 31 / 2012

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

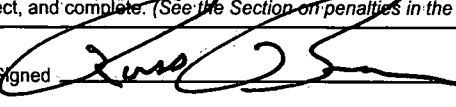
Name Russell Brown  
Title President  
Organization RoadWarrior Productions LLC  
P.O. Box, Building and Room Number, if any  
Street 108 S Indian Circle  
City Cocoa  
State Florida ZIP Code + 4 32922

#### 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 On 03 / 05 / 2013 Date	President (if other title, see instructions) 3215078997 Telephone Number	18. Signed _____ Title Other (Specify) n/a On / / Date	Treasurer (If other title, see instructions) _____ Telephone Number
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Name of Person Filing:	File Number C-
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<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.
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15.a. Employer Name: Pirate Dinner Adventure, 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 12,500 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Lancaster Food, LLC	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 12,277 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Fritz Industries	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 1,769 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:	File Number C-
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<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.
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15.a. Employer Name: UPS	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 19,500 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Professional Transportation 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 32,585 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Augustana Health Care Center	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 3,415 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:	File Number C-
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<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.
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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 14,506  15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.