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. 1245-0003 Expires: 07-31-2019

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)

MAR 1 8 2019	LLY BEFORE PREPARING THIS REPORT 693427			
1 . File Number C-	2. Period Covered By This Report Month/Day/Year (mm/dd/yyyy)			
A. Person Filing				
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept;			
Name Russell M Brown	Name n/a			
Title CEO	Title			
	Tide			
Organization RoadWarrior Productions, LLC	Organization			
P.O. Box, Building and Room Number, if any 372636	P.O. Box, Building and Room Number, if any			
Street	Street			
City Satellite Beach	City			
State Florida ZIP Code + 4 32937-2636	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 President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)			
On 03 / 13 / 2019 2027808005 Date Telephone Number	On Date Telephone Number			

Name of Person Filing	g:				File Number C-		
B. Statement of Rec	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.					ses of the advice	
5.a. Name and Address	5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any						
Employer St. J	Joseph Regional Medical	Center			Turing		
Trade Name			Street	115 Sixth Street	15 Sixth Street		
Attention To B	Attention To Blain Claypool		City [_ewiston	ewiston		
Title C	EO		State	daho	ZIP Code	+ 4 83501	
	*					<u> </u>	
5.b. Termination Da	te 9/21/18		5.c. Amou	nt 52038.11			
6. TOTAL RECEIPTS	S FROM ALL EMPLOYERS						
				· · ·			
C. Statement of Dis		sbursements made by the	reporting organiz	zation in connectio	n with labor relations advice	e or services rendered	
	to the emplo	yers listed in Part B.				, or our visco (c	
7. Disbursements to Of (a) Name	fficers and Employees:	(b) Salary (c) Expenses	s (d) Totals				
				9. Office and A	dministrative Expenses		
				10. Publicity			
				11. Fees for Pro	ofessional Services		
				12. Loans Made			
				13. Other Disbu	rsements		
8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)							
D. Schedule of Disk	oursements for Reportable	Activity Use this Sch	hedule to report o	nly disbursements	made for the purposes des	cribed in Part D of the	
15.a. Employer Name: 15.b. Trade Name, If any:							
n/a			\neg				
15.c. To Whom Paid 15.d. Amount 28477.23							
Nome William Monroe							
	15.e. Purpose						
Title							
Organization Self							
P.O. Box, Building	g and Room Number, if any						
Street 412 Stonebridge Blvd							
City New Castle							
State Delaware ZtP Code + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							

Name of Person Filing:	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:				
Employer Kumho Tire Company of Georgia	P.O. Box, Building and Room Number, if any			
Trade Name	Street 3051 Kumho Parkway			
Attention To Michael Kwon	City Macon			
Title President	State Georgia ZIP Code + 4 31216			
	211 0000 14 07210			
5.b. Termination Date 9/21/18 /0/18/18	5.c. Amount 107070.96			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursements made by the repo	rting organization in connection with labor relations advice or services rendered			
to the employers listed in Part B.	tung organization in connection with labor relations advice or services rendered			
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	otals			
	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)			
	•			
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:				
Rock Creek Consulting	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 28477.23			
Name Rebecca Smith	15.e. Purpose			
Title President				
Organization Rock Creek Consulting				
P.O. Box, Building and Poom Number if any				
P.O. Box, Building and Room Number, if any				
Street 554 Mahard Drive				
City Twin Falls				
State Idaho ZIP Code + 4 83301				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: 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.					of the advice		
5.a. Name and Address of E	Employer (including trade na	me, if any).			Mailing Address:			
Employer Kumho	Tire Company of Geor	roia		P.O. Box, E	Building and Room	Number, if any		
Trade Name				Street 3	051 Kumho Par	kway		
Attention To Michael Kwon City Macon								
Title Presi	ident			State G	eorgia	ZIP Code	+ 4	31216
1100 [Ciaic L			• •	01210
5.b. Termination Date	021118 10/18/	18]	5.c. Amoun	t 107070.96			
6. TOTAL RECEIPTS FR	ROM ALL EMPLOYERS							
C. Statement of Disburs		sbursements ma	ade by the repo	rting organiz	ation in connectio	n with labor relations advice	e or s	services rendered
	to the employ	yers listed in Pa	ırt B.	• •			-	
7. Disbursements to Officer (a) Name		(b) Salary (c	c) Expenses (d) To	otals				
					9. Office and A	dministrative Expenses		
					10. Publicity			
					11. Fees for Pro	ofessional Services		
					12. Loans Made			
		<u> </u>		13. Other Disbursements				
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15.a. Employer Name:		· · · · · · · · · · · · · · · · · · ·		15.b. Trade	e Name, If any:			
15.c. To Whom Paid 15.d. Amount 33077.93								
Nome Scott Michel								
15.e. Purpose								
Title								
Organization Self								
P.O. Box, Building and Room Number, if any								
Street 819 Herman Road								
City Horsham								
State Pennsylvania ZIP Code + 4 19045					1			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								
10. TOTAL DISBURSEIN	IENTS FOR ALL REPOR	IABLE ACTIVIT	ł T					

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Name of Person Filling: 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 Baker Petrolite, LLC				
Trade Name	Street 601 5th Street			
Attention To Tom LaValle	City Barnadall			
Title	State Oklahoma ZIP Code + 4 74002			
5.b. Termination Date 9/21/18- 7/8/18	5.c. Amount 5645.00			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
				
C. Statement of Disbursements Report all disbursements made by the rep	orting organization in connection with labor relations advice or services rendered			
to the employers listed in Part B.	oring organization in connection with labor relations advice or services rendered			
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	ioss ridge value, i diff.			
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 ZIP Code + 4				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				