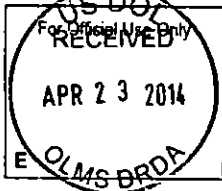


FORM LM-21

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

554868

1. File Number C-693	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1/1/13	Through:	Month/Day/Year (mm/dd/yyyy) 12/31/13
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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 MN 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 <u><i>Gerald O'Brien</i></u> Title <u>CONSULTANT</u> President (if other title, see instructions)	18. Signed _____ Title <u>Treasurer</u> Treasurer (if other title, see instructions)
On <u>4/16/14</u> <u>651-261-7772</u> Date Telephone Number	On <u>/ /</u> _____ Date Telephone Number

Name of Person Filing: GERALD O'BRIEN	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). Employer: BAE SYSTEMS Southeast Shipyard Trade Name: Attention To: ERIC Webb Title: HUMAN RESOURCES Mgr.		Mailing Address: P.O. Box, Building and Room Number, if any: Street: 8500 HECKSHER DRIVE City: JACKSONVILLE State: FL ZIP Code + 4: 32226	
5.b. Termination Date: 11-15-13		5.c. Amount: 55,909	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS: 121,529			

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
G. O'Brien	90320	31209	121529
8. Total disbursements to officers and employees:			
			14. Total Disbursements (Sum of Items 8-13): 121 529

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: 15,409 15.e. Purpose: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"> AIR FARES HOTELS RENTAL CARS MEALS </div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing, GERALD O'BRIEN	F - 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 **BROWNSVILLE Marine Products** P.O. Box, Building and Room Number, if any

Trade Name Street **1800 PAUL THOMAS BLVD.**

Attention To **TIM SHEIB** City **Brownsville**

Title **PRESIDENT** State **PA** ZIP Code + 4 **15417**

5.b. Termination Date **5-14-13** 5.c. Amount **11,616**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **121,529**

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	
G. O'BRIEN	90320	31209	121529	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) 121 529

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 4865
Name	15.e. Purpose AIR FARES HOTELS RENTAL CARS 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	

Name of Person Filing: GERALD O'BRIEN	F - Number G-
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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). Employee: CONNAY OLEJNICZAK & JERRY Trade Name: FOR SILVAN-SAMUEL CO. Attention To: JODI ARNDT Title: ATTORNEY		Mailing Address: P.O. Box, Building and Room Number, if any Street: 231 S. Adams Street City: GREEN BAY State: WI ZIP Code + 4: 54301	
5.b. Termination Date 12-29-13		5.c. Amount 17 496	
6 TOTAL RECEIPTS FROM ALL EMPLOYERS 121 529			

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	
G. O'Brien	90320	31209	121529	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) 121 529

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 2496 15.e. Purpose AIR FARES HOTELS RENTAL CARS MEALS
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: GERALD O'BRIEN	F - 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	Armstrong Group of Companies	P.O. Box, Building and Room Number, if any	
Trade Name		Street	One Armstrong Place
Attention To	DAVID JAMIESON	City	BUTLER
Title	GENERAL Counsel	State	PA
		ZIP Code + 4	16001

5.b. Termination Date	6-18-13	5.c. Amount	2900
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	121529
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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
G. O'BRIEN	90320	31209	121529

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)	121529

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
Name	- 0 -
Title	15.e. Purpose
Organization	AIR FARES
P.O. Box, Building and Room Number, if any	HOTELS
Street	RENTAL CARS
City	MEALS
State Washington	
ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: GERALD O'BRIEN	Filing 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 MARKETLINK		P.O. Box, Building and Room Number, if any	
Trade Name		Street 18657 HIGHWAY 71 North	
Attention To Michelle Chaney		City CARROLL	
Title Call Center Mgr		State IA	ZIP Code + 4 51401
5.b. Termination Date 6-27-13		5.c. Amount 4159	
6 TOTAL RECEIPTS FROM ALL EMPLOYERS 121529			

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	
G. O'BRIEN	90320	31209	121529	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) 121529

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 459
Name:	15.e. Purpose AIR FARES HOTELS RENTAL CARS 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	

Name of Person Filing: GERALD OBRIEN	Filing 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: JOHN DEERE		P.O. Box, Building and Room Number, if any:	
Trade Name:		Street: 4500 E. MUSTARD WAY	
Attention To: SHARON Willis		City: Springfield	
Title: HUMAN RESOURCES Rep.		State: MO	ZIP Code + 4: 65803

5.b. Termination Date: 9-13-13	5.c. Amount: 26580
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	121529
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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	
G. O'Brien	90320	31209	121529	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): 121529
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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: 7980
Name:	15.e. Purpose: AIR FARES HOTELS RENTAL CARS 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

Name of Person Filing: GERALD O'BRIEN	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	VISITING NURSE SERVICE OF NEW YORK	P.O. Box, Building and Room Number, if any	
Trade Name		Street	107 E. 70th STREET
Attention To	DENISE DAVIN	City	NEW YORK
Title	SVP & CHIEF HUMAN RESOURCE OFFICER	State	NY
		ZIP Code + 4	10021
5.b. Termination Date	4-26-13	5.c. Amount	2800
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		121529	

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	
G. O'BRIEN	90320	31209	121529	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)
				121529

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
Name	- 0 -
Title	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	
ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	