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. Fallure to compty 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

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 MINNESOTA  ZIP Code +4  Signatures  ach 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 formation contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, orned, and complety if, See the socious on penalties in the instructions).  7. Signed Labert Observant (if other title, see instructions)  Title Treasurer  Title Treasurer  Title Treasurer  Title Treasurer  Title Interactions	1 . File Number C- 693	2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)	
A Any other address where records necessary to verify this report are kept:  Name  GERALD OBRIEN  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City NORTH OAKS  State MINNESOTA  ZIP Code +4  Signatures  ach 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 formation contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, ornect, and complify. (See the Section on penalties in the instructions).  7. Signed  President  (if other title, see instructions)  Treasurer  (if other title, see instructions)  Title  Treasurer  Treasurer  (if other title, see instructions)		By This Report From:	1/1/0	8 Through:	12/31/08	
Name and mailing address (include ZIP Code):  Name GERALD OBRIEN  Title  Organization:  P.O. Box, Building and Room Number, if any  Street 23 Summit HEIGHTS  City NORTHOAKS  State MINNESOTA  ZIP Code + 4 5512.7  State MINNESOTA  ZIP Code + 4 5512.7  Signatures  chof 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 ormation containegin any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, mect, and complete, (See the Section on penalties in the instructions).  Signatures  The President (if other title, see instructions)  Treasurer  Title  Treasurer	·					
Name  Title  Conscience  Organization  P.O. Box, Building and Room Number, if any  Street  23 Summit HEIGHTS  City  NORTHOAKS  State MINNESOTA  ZIP Code + 4  Signatures  State  Signatures  Signature						
Title CONSULTANN  Organization  P.O. Box, Building and Room Number, if any  Street 23 SUMMIT HEIGHTS  Street  City NORTH OAKS  State MINNESOTA  ZIP Code +4 55127  State MINNESOTA  Signatures  Signat		4. Any other addres	ss where records nec	essary to verify	this report are kept:	
Organization  P.O. Box, Building and Room Number, if any  P.O. Box, Building and Room Number, if any  Street Z3 Summit HEIGHTS  City NORTHOAKS  State MINNESOTA  ZIP Code +4 55127  State  Signatures  The undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the ormation containes in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, mect, and complete. (See the Section on penalties in the instructions).  Signatures  The President (if other title, see instructions)  Treasurer (If other title, see instructions)  Title Treasurer  Treasurer (If other title, see instructions)	Name GERALD OBRIEN	Name	المرافقة المرافقة المرافقة المستخدمة المستوادة المرافقة المرافقة المستخدمة المستوادة المرافقة المرافقة المرافقة المرافقة المرافقة المستخدمة المرافقة المرافقة المرافقة المرافقة المرافقة المرافقة المرافقة المرافقة المرافقة ا المرافقة المرافقة المر		garagan and an area and an area and a second a	
P.O. Box, Building and Room Number, if any  Street 23 Summit HEIGHTS  City NORTH OAKS  City  State MINNESOTA  ZIP Code + 4 5512.7  State  Signatures  Signatures  Signatures  Signatures  The Dresident Obsuration penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the formation contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, and complete. (See the Section on penalties in the instructions).  President Obsuration  Treasurer  (if other title, see instructions)  Title Treasurer  instructions)  Title Treasurer  instructions)	Title CONSULTANT	Title	and the second of the second o			
Street City NORTHOAKS City State MINNESOTA  ZIP Code + 4  Signatures  Signatures  The undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the formation contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, mect, and complete. (See the Section on penalties in the instructions).  Signet President (if other title, see instructions)  Treasurer (if other title, see instructions)  Title Treasurer (If other title, see instructions)	Organization:	Organization			and the second of the second o	
Signatures  Intelemptorum Supratures  Signatures  Sign	P.O. Box, Building and Room Number, if any	P.O. Box, Buildin	ng and Room Numbe	r, if any		
Signatures  Intelemptorum Supratures  Signatures  Sign	Street 23 SUMMIT HEIGHTS	Street	none de la company de la compa	. 1,50	2	
Signatures  sch 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 formation contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, prect, and complete. (See the Section on penalties in the instructions).  President  (if other title, see instructions)  Title  Treasurer  (If other title, see instructions)  Title  Treasurer  (If other title, see instructions)	city NORTH OAKS	City				
ch 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 formation contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, irrect, and complete. (See the Section on penalties in the instructions).  Y. Signed  President  President  (if other title, see instructions)  Title  Treasurer  (If other title, see instructions)  Title  Treasurer  (If other title, see instructions)	State MINNESOTA ZIP Code + 4 55	12-7 State	in the second se	ZIP Cod	e + 4	
Offmation containes in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, irrect, and complete. (See the Section on penalties in the instructions).  President (if other title, see instructions)  Title  Treasurer (If other title, see instructions)  Title  Treasurer  (If other title, see instructions)		Signatures				
Title President CONSUCTANT (if other title, see instructions)  Title Treasurer (If other title, see instructions)  7/16/10 651-261-7772  On/_/	Offiation containes in any accompanying documents) has been ever	nined by the gianatory and ic. to the	information submitted he best of the unders	l in this report (inc igned's knowled	luding the ge and belief, true,	
7/16/10 651-261-7772 on ///	(3 other til	lle, see				
	instruction	s) Hue <u>(</u>	isurer		instructions)	
Date Telephone Number Date Telephone Number	1/10/10 651-261-1772	on/_	<u>/                                    </u>			

Name of Person Filing: GERALD OBRIEN	File Number C-	
B. Statement of Receipts Report all receipts from employers in connection w or services.	th 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 Dunkin Donuts Distribut	Mailing Address: P.O. Box, Building and Room Number, if any	
Trade Name Attention To Bryan HARTNETT	Street ISO DEPOT STREET City BELLINGHAM	•
Title CEO	State MR ZIP Code + 4	019
5.b. Termination Date (2 - 30 - 08	5.c. Amount 61, 401	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	426,743	

C. Statement of Disbursements  Report all disbursements made by the reporting organization in connection with labor relations advice or serv to the employers listed in Part B.						e or services rendered
Disbursements to Officers and Empi     (a) Name	loyees: (b) Salary	(c) Expens	ses (d) Tol	lais		
GERALD OBER	267 3267	74 953	33 4	21,607	Office and Administrative Expenses	
	[			-	10. Publicity	·
		sa sa s			11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	5136
8. Total disbursements to officers as	nd employees:		42	1607	14. Total Disbursements (Sum of Items 8-13)	426,743

D. Schedule of Disbursements for R	eportable Activity	Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name;			15.b. Trade Name, If any:
15.c. To Whom Paid	<u>-,</u>		15.d. Amount 16,001
Name			15.e. Purpose
Title			
Organization	a.		AIR FARES
P.O. Box, Building and Room Numb	per, if any		HOTELS Rental CARS Meals
Street			meals
City			
State Washington	ZIP Code + 4	<b>,</b>	
16. TOTAL DISBURSEMENTS FOR A	*	4	

Name of Person Filing: GERALD OBREN	File Number C-
B. Statement of Receipts Report all receipts from employers in connection or services.	on 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 Employer (ASSOCIATION Trade Name  Attention To TOM RINNE	Mailing Address: P.O. Box, Building and Room Number, if any Street 9805 45th Ave, Worth City PLymonth
Vice fresident LABOR Relati	
5.b. Termination Date 1-10-08  6. TOTAL RECEIPTS FROM ALL EMPLOYERS	5.c. Amount 650 426, 743

C. Statement of Disbursements	Report all disbursements made by the reporting organization in connection with labor relations advice or services r to the employers listed in Part B.			
7. Disbursements to Officers and Emplo (a) Name	oyees: (b) Salary	(c) Expenses (d) Totals		
See page u	146		9. Office and Administrative Expenses	
Dunkin Don	uts		10. Publicity	
IN 50			11. Fees for Professional Services	
	10 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		12. Loans Made	
			13. Other Disbursements	
8. Total disbursements to officers an	d 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 — O —
Name	15.e. Purpose
Title	10.e. r urpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	

Name of Person Filing: SERALD OBRIEN	File N	łumber C-
B. Statement of Receipts Report all receipts from employers in connection or services.	on with labor relations advice or services reg	gardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Employer LABOR RELATIONS Instit	Box, Building and Room Numb	er, if any
Trade Name	Street 78.50 E.	South Elm Place
Attention to Phillip WILSON	city Broken Ar	e en u)
		ZIP Code + 4
Title Vice President	State OK	74013
5.b. Termination Date 12-16-08	5.c. Amount 50	590
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		426.743

C. Statement of Disbursements	Report all disbursements made by the reporting organization in connection with labor relations advice or services rende to the employers listed in Part B.			
Disbursements to Officers and Emplo     (a) Name	oyees: (b) Salary	(c) Expenses (d) Totals		
See page w	144	1   1   1   1   1   1   1   1   1   1	Office and Administrative Expenses	
Dunkin Don	uts		10. Publicity	
In 5a			11. Fees for Professional Services	
			12. Loans Made	
		. A	13. Other Disbursements	
8. Total disbursements to officers an	d 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 Parinstructions.				
15.a. Employer Name;		15.b. Trade Name, If any:		
15.c. To Whom Paid	<del></del>	15.d. Amount 10.090		
Name		15.e. Purpose		
Title		AIR Faves		
Organization		HOTELS		
P.O. Box, Building and Room Nun	nber, if any	Rental CARS		
Street		Meals		
City				
State Washington	ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR	ALL REPORTABLE AC	TIVITY		

Traine of Palson Timing. WERBCD ODELEN	File Number C-	
B. Statement of Receipts Report all receipts from employers in connection services.	on with labor relations advice or services regardless of the purpose	es of the advice
5.a. Name and Address of Employer (including trade name, if any).  Employer STEEL KING Dudustr	Mailing Address: P.O. Box, Building and Room Number, if any	
Attention To JAY Andrew Son	Street 2700 Chambers ? City Stevens Point	Street
Title President	State WI	
5.b. Termination Date 6-23-08	5.c. Amount 35, 379	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	426,74	3

C. Statement of Disbursements	Report all disbursements to the employers listed in	s made by the reporting org	anization in connection with labor relations advice or services rend	ered
Disbursements to Officers and Emplo     (a) Name	yees: (b) Salary	(c) Expenses (d) Totals		
See page u	orth		Office and Administrative Expenses	
Dunkin Doni	nts		10. Publicity	
in 5a			11. Fees for Professional Services	
			12. Loans Made	
	1	A CANADA CALL	13. Other Disbursements	
8. Total disbursements to officers an	d employees:		14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportal	ble Activity Use this Schedulinstructions.	edule to report only disbursements made for the purposes described in Part D of the	
15.a. Employer Name;		15.b. Trade Name, if any:	
15.c. To Whom Paid		15.d. Amount <b>Q</b> 3.69	
Name		15.e. Purpose	
Title		AIR FARES	
Organization		HOTELS	
P.O. Box, Building and Room Number, if a	ny	Rental Cars Meals	
Street		Meals	
City			
State Washington	ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REP	PORTABLE ACTIVITY		

Name of Person Filing: GERALP OBELER	Fi	le 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).  Employer Ocean State CPL  Trade Name  Attention To Bob Mongeon  Title BOARD Member	Mailing Address: P.O. Box, Building and Room No. Street 40 Tok City East PROS	edan Street JID ence ZIP Code + 4 O 2914
5.b. Termination Date 7-10-08	5.c. Amount <b>45</b> ,	603
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	-	426,743

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.			rvices rendered
Disbursements to Officers and Emp     (a) Name	loyees: (b) Salary	(c) Expenses (d) Totals		
see page w	ith	**************************************	9. Office and Administrative Expenses	
Dunkin Do	nuts		10. Publicity	
in 59		And the second	11. Fees for Professional Services	
	The second secon		12. Loans Made	
			13. Other Disbursements	
8. Total disbursements to officers a	nd employees:		14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for	Reportable Activity Use this instructi	Schedule to report only disbursements made for the purposes described in Part D of the ions.
15.a. Employer Name:		15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount 11 45 3
Name		15.e. Purpose
Title		AIR FARES
Organization	en e	
		HOTELS
P.O. Box, Building and Room Nun	nber, if any	Rental CARS
Street		Rental Caps meals
City		
State Washington	ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR	ALL REPORTABLE ACTIVITY	

Name of Person Filing: GERALD OBRIEN	File Number C-
B. Statement of Receipts Report all receipts from employers in connection with or services.	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 RED CROSS  Trade Name	Mailing Address: P.O. Box, Building and Room Number, if any  Street ZOZS E. Street NW
Attention To SABIN PETERSON Title Director OF LAbor Relations	City WASHING TON State DC ZIP Code + 4 Z2006
5.b. Termination Date 12-5-08 6. TOTAL RECEIPTS FROM ALL EMPLOYERS	5.c. Amount 160,045 426.743

C. Statement of Disbursements	Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employers listed in Part B.			or services rendered
7. Disbursements to Officers and Employer (a) Name	ees: (b) Salary	(c) Expenses (d) Totals		
see page with	to	The second section of the section	9. Office and Administrative Expenses	in the second of
Dunkin Done	ATS .	A section of the sect	10. Publicity	
IN 59		Tan samual serving and	11. Fees for Professional Services	
			12. Loans Made	
		Some was a second second	13. Other Disbursements	
8. Total disbursements to officers and	employees:		14. Total Disbursements (Sum of Items 8-13)	

D. Sche	dule of Disbursements fo		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:
<u>.</u>			and the same and t
15.c. To	Whom Paid	-	15.d. Amount 32, 020
Name			15.e. Purpose
Title		en e	AIR FARES
Organ	lization	The same of the sa	HOTELS
B O 5	Poy Duilding and Dans At		RENTAL CARS
F.O. 6	Box, Building and Room N	umber, ir any	
Street		<ul> <li>One of the management of the control o</li></ul>	Meals
City			
State	Washington	ZIP Code + 4	
16. TOT	AL DISBURSEMENTS FO	R ALL REPORTABLE ACTIV	TITY

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 GETRONICS	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name  Attention To MARTHE STANEK	Street 100 Ames fond Rd, #20: City Tewksbury
Title Assoc, General Counsel	State MA ZIP Code + 4
5.b. Termination Date 7-11-08	5.c. Amount 55, 995
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	426,743

C. Statement of Disbursements	Report all disbursements made by the reporting organization in connection with labor relations advice or services rendere to the employers listed in Part B.			or services rendered
Disbursements to Officers and Emplo     (a) Name	oyees: (b) Salary	(c) Expenses (d) Totals		
See page w	Th.	The second section of the sect	Office and Administrative Expenses	
Dunkin Don	wts.	The state of the s	10. Publicity	
IN 59			11. Fees for Professional Services	
The second secon			12. Loans Made	
		Section to the control of the contro	13. Other Disbursements	
8. Total disbursements to officers an	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 13 UGC
Name	15.e. Purpose
Title	AIR FARES
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 AC	CTIVITY

Name of Person Filing: CERALD	OBA	eien)	File Number C-
B. Statement of Populate Population and the second of population		in an anti-manufactural trans-	the number of the numbers of the numbers
or services.	n employers	in connection with labo	r relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade na	ame, if any).		Mailing Address:
Employer TUFTS MED	100	Canto P.C	D. Box, Building and Room Number, if any
Trade Name	CAC.		= = 1/40   SL-5t
_	<u> </u>		eet 750 Washington Street
Attention To PAW Heff	erno	20 City	BOSTON
Title Vice President H		O - Sta	ate ZIP Code + 4
rcevieswall A	umai	u Wellonia	0211)
i.b. Termination Date	08	5.c.	. Amount (0) 168
5. TOTAL RECEIPTS FROM ALL EMPLOYERS			476.743
	<del></del>	· · · · · · · · · · · · · · · · · · ·	700,173
		The state of the s	
	sbursements		organization in connection with labor relations advice or services rendered
'. Disbursements to Officers and Employees:	,		
	(b) Salary	(c) Expenses (d) Totals	
(a) Name	Section of the sectio	1: " " " " 1	
	i Maria a maray mara asa a sa a sa a sa	Section (1997)	Office and Administrative Expenses
(a) Name		Section Commence of the Commen	Office and Administrative Expenses     Office and Administrative Expenses
See page with			parameter and pa
See page with			10. Publicity
See page with			10. Publicity 11. Fees for Professional Services

D. Schedule of Disbursements for Reportable Activ	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 4318
Name	15.e. Purpose
Title	
Organization	AIR FARES
The state of the s	HOTELS
P.O. Box, Building and Room Number, if any	Rental (trs
Street	Meals
City	
State Washington ZIP Cod	de + 4
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	LE ACTIVITY