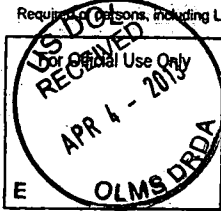


FORM LM-21

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. 438 or 440.
Required 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

525672

1. File Number: C- <u>693</u>	2. Period Covered By This Report From: <u>1/1/12</u> Through: <u>12/31/12</u>
-------------------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>GERALD OBRIEN</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>CONSULTANT</u>	Name
Organization	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>23 SUMMIT HEIGHTS</u>	P.O. Box, Building and Room Number, if any
City <u>NORTHOAKS</u>	Street
State <u>MINNESOTA</u> ZIP Code + 4 <u>55127</u>	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>Gerald Obrien</u> President (if other title, see instructions)	18. Signed _____ Treasurer (if other title, see instructions)
Title <u>CONSULTANT</u>	Title <u>Treasurer</u>
On <u>3/29/13</u> Date <u>651-261-7772</u> Telephone Number	On _____ Date _____ Telephone Number

Name of Person Filing: GERALD OBRIEN	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	PARK RIVER ESTATES Care Ctr.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	9899 Avocet Street N.W.
Attention To	THOMAS POLLOCK	City	COON RAPIDS
Title	Administrator	State	MN
		ZIP Code + 4	55433

5.b. Termination Date	6-20-12	5.c. Amount	1157
-----------------------	----------------	-------------	-------------

6. TOTAL RECEIPTS FROM ALL EMPLOYERS	272,207
--------------------------------------	----------------

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	
GERALD OBRIEN	205,400	66,787	272,207	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) 272,207

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
Name	15.e. Purpose
Title	Mileage Reimbursement
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-
--	----------------

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	PHOENIX BEVERAGE DISTRIBUTORS	P.O. Box, Building and Room Number, if any	
Trade Name		Street	2 ATLANTZ AVENUE, PIER 7
Attention To	DAN WALSH	City	BROOKLYN
Title	VICE PRESIDENT	State	NY
		ZIP Code + 4	11201

5.b. Termination Date 6-8-12	5.c. Amount 24,222
-------------------------------------	---------------------------

6. TOTAL RECEIPTS FROM ALL EMPLOYERS	272,207
--------------------------------------	----------------

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	
GERALD O'BRIEN	205,420	66,787	272,207	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) 272,207

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 4,222
Name: AIR FARES	15.e. Purpose: HOTELS RENTAL CARS MEALS
Title: HOTELS	
Organization: RENTAL CARS	
P.O. Box, Building and Room Number, if any	
Street: MEALS	
City: WASHINGTON	
State: Washington	ZIP Code + 4
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	