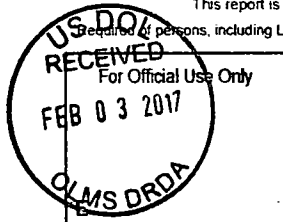


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT



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

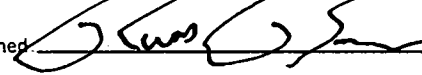
632301

1. File Number C- 694	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2016		12 / 31 / 2016

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Russell M Brown	Name NA
Title CEO	Title
Organization RoadWarrior Productions, LLC	Organization
P.O. Box, Building and Room Number, if any POBox 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)
Title President		Title Other (Specify) NA	
On 01 / 26 / 2017	202 780 8005	On / /	
Date	Telephone Number	Date	Telephone Number

RB
1-4

Name of Person Filing: Russell Brown	File Number C- 694
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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 Chico Produce, INC Trade Name ProPacific Fresh Attention To Terry Richardson Title CEO	Mailing Address: P.O. Box, Building and Room Number, if any PO Box 1069 Street City Durham State California ZIP Code + 4 95938
5.b. Termination Date	5.c. Amount 61,807
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 61,807	

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		
				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)	

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: RoadWarrior Productions, LLC	15.b. Trade Name, If any:	
15.c. To Whom Paid Name David Acosta Title Organization Redstone Enterprises, INC P.O. Box, Building and Room Number, if any Street 5415 Willowick Circle City Anaheim State California ZIP Code + 4 92807	15.d. Amount 37,080 15.e. Purpose Education to Employees of the rights under the NLRA	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 37,080		

RB
2-4

Name of Person Filing: Russell Brown	File Number C- 694
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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 Kapsone Paper & Packaging Corporation	P.O. Box, Building and Room Number, if any 1101 Skokie Blvd #300
Trade Name	Street
Attention To Wendy Seltzer	City Northbrook
Title General Counsel	State Illinois ZIP Code + 4 60062
5.b. Termination Date.	5.c. Amount 58,963.
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 58,963	

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		
				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)	

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: RoadWarrior Productions, LLC	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Rebecca Smith Title Organization Rock Creek Consulting, LLC P.O. Box, Building and Room Number, if any Street 554 Mahard Dr City Twin Falls State Idaho ZIP Code + 4 83301	15.d. Amount 22,042 15.e. Purpose Education to Employees of the rights under the NLRA	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 22,042		

RB
3-4

Name of Person Filing: Russell Brown	File Number C- 694
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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 Kapsone Paper & Packaging Corporation	P.O. Box, Building and Room Number, if any 1101 Skokie Blvd #300
Trade Name	Street
Attention To Wendy Seltzer	City Northbrook
Title General Counsel	State Illinois ZIP Code + 4 60062
5.b. Termination Date.	5.c. Amount 58,963
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 58,963	

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		
				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)	

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: RoadWarrior Productions, LLC	15.b. Trade Name, If any:	
15.c. To Whom Paid Name William Monroe Title Organization P.O. Box, Building and Room Number, if any Street 412 Stonebridge Blvd City New Castle State Delaware ZIP Code + 4 19720	15.d. Amount 11,921 15.e. Purpose Education to Employees of the rights under the NLRA	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 11,921		

RS
4-4