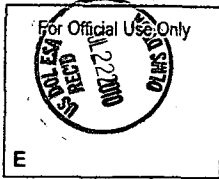


FORM LM-21

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. 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

432513

1. File Number C- <u>693</u>	2. Period Covered By This Report From: <u>1/1/07</u> Through: <u>12/31/07</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>GERALD OBRIEN</u> Title <u>CONSULTANT</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>23 SUMMIT HEIGHTS</u> City <u>NORTH OAKS</u> State <u>MINNESOTA</u> ZIP Code + 4 <u>55127</u>	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>Gerald O'Brien</u> Title <u>President CONSULTANT</u> On <u>7/16/10</u> Date <u>651-261-7772</u> Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number
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Name of Person Filing: GERALD OBRIEN	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	DUNKIN' DONUTS DISTRIBUTION	P.O. Box, Building and Room Number, if any	
Trade Name		Street	150 DEPOT STREET
Attention To	Bryan HARTNETT	City	BELLINGHAM
Title	CEO	State	MA
		ZIP Code + 4	02019

5.b. Termination Date 8-28-07	5.c. Amount 45,688
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	400,395
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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	
GERALD OBRIEN	310,600	85,810	396,500	9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
				3895
8. Total disbursements to officers and employees:			396,500	14. Total Disbursements (Sum of Items 8-13)
				400,395

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 10,487
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 EMPLOYERS ASSOCIATION	P.O. Box, Building and Room Number, if any		
Trade Name	Street 9805 45th Ave. North		
Attention To TOM Rinne	City PLYmouth		
Title Vice President Labor Relations	State MN	ZIP Code + 4	55442
5.b. Termination Date 11-2-07		5.c. Amount 26,024	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		400,395	

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	
See page with Dunkin Donuts in 5a.				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:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 6524
Name	15.e. Purpose AIR FARE 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	LABOR RELATIONS INSTITUTE	P.O. Box, Building and Room Number, if any	
Trade Name		Street	7850 E. South Elm Place
Attention To	PHILLIP WILSON	City	BROKEN ARROW
Title	VICE President	State	OK
		ZIP Code + 4	74013
5.b. Termination Date		5.c. Amount	
12-20-07		105,412	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		400,395	

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	
See page with Dunkin Donuts in 5a				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:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	18,912
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 OBRIEN	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	ASSOCIATED Brands, LP	P.O. Box, Building and Room Number, if any	
Trade Name		Street	335 Judson Street
Attention To	SUE BARLOW	City	TORONTO
Title	Vice President Human Resources	State	ONTARIO CANADA
		ZIP Code + 4	

5.b. Termination Date	10-11-07	5.c. Amount	75,005
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		400,395	

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	
See page with Dunkin Donuts in 5a.				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:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	13,185
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	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 American Consulting Group Trade Name Attention To Bob Long Title President		Mailing Address: P.O. Box, Building and Room Number, if any Street 23361 MADERO, #220 City MISSION Viejo, CA State CA ZIP Code + 4 92691	
5.b. Termination Date 3-30-07		5.c. Amount 41,830	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		400,395	

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	
See page with Dunkin DONUTS in 5a				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:	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 11,965 15.e. Purpose AIR FARES HOTELS Rental CARS Meals
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: GERALD OBRIEN	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	Yarbrough Inc.	P.O. Box, Building and Room Number, if any	
Trade Name	MARY Yarbrough	Street	4815 E. Carefree Hwy #108-296
Attention To		City	CAVE CREEK
Title	Vice President	State	AZ
		ZIP Code + 4	85331

5.b. Termination Date	4-3-07
5.c. Amount	76.263
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	400,395

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	
See page with Dunkin Donuts in 5a				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:	15.b. Trade Name, If any:
	18,813
15.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	
ZIP Code + 4	
	15.e. Purpose
	Air FARES
	HOTELS
	Rental CARS
	Meals

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: GERALD OBRIEN	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 Lowe's Companies, Inc.	P.O. Box, Building and Room Number, if any	Street 1000 Lowe's Blvd.	City MOORESVILLE
Trade Name		State NORTH CAROLINA	ZIP Code + 4 28117
Attention To JAMES M. JOHNSON			
Title Vice President, Employee Relations			
5.b. Termination Date 7-12-07		5.c. Amount 30,683	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		400,395	

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	
See page with Dunkin Donuts in 5a				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:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 5933
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	