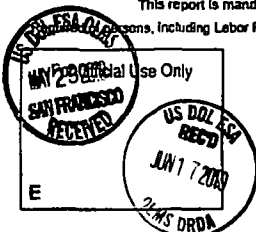


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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.

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

431238

1. File Number C- <u>435</u>	2. Period Covered By This Report From: <u>7/7/2007</u> Through: <u>12/31/2007</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>ROSS</u> <u>BROWN</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>CEO</u>	Name
Organization <u>ROSS BROWN ASSOCIATES</u>	Title
P.O. Box, Building and Room Number, if any <u># 233</u>	Organization
Street <u>5752 G SANTA ANA BLVD</u>	P.O. Box, Building and Room Number, if any
City <u>ANAHEIM</u>	Street
State <u>CA</u> ZIP Code + 4 <u>92801</u>	City
	State

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>[Signature]</u> President (If other title, see Instructions) Title <u>President</u>	18. Signed _____ Treasurer (If other title, see Instructions) Title <u>Treasurer</u>
On <u>5/15/2010</u> <u>818 421-1578</u> Date Telephone Number	On _____ Date Telephone Number

Name of Person Filing: <u>RUSS BROWN ASSOCIATES</u>	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	<u>GENCOR INDUSTRIES</u>	P.O. Box, Building and Room Number, If any	
Trade Name		Street	<u>5201 N. ORANGE BLOSSOM AVE</u>
Attention To	<u>ET</u> <input type="checkbox"/> <u>ELLIOTT</u>	City	<u>ORLANDO</u>
Title	<u>CEO</u>	State	<u>FL</u> ZIP Code + 4 <u>32810</u>
5.b. Termination Date <u>2/1/07</u>		5.c. Amount <u>113,247</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>716,700</u>			

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		
<u>MARY</u> <input type="checkbox"/> <u>MYSTROM</u>	<u>23,300</u>			9. Office and Administrative Expenses	
<u>MIKE</u> <input type="checkbox"/> <u>CASILLAS</u>	<u>3,750</u>			10. Publicity	
<u>EDDIE</u> <input type="checkbox"/> <u>NAVARRO</u>	<u>1,505</u>			11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees: <u>28,605</u>				14. Total Disbursements (Sum of Items 8-13)	<u>28,605</u>

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			
Title			
Organization		15.e. Purpose	
P.O. Box, Building and Room Number, if any			
Street			
City			
State <u>Washington</u> ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>716,700</u>			

Name of Person Filing: <u>RUSS BROWN ASSOCIATES</u>	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	<u>GOERTZ + SCHIELE</u>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<u>1750 SUMMIT DR.</u>
Attention To	<u>WELNER</u> <input type="checkbox"/> <u>BEERMANN</u>	City	<u>AUBURN HILLS</u>
Title	<u>VP</u>	State	<u>MI</u> ZIP Code + 4 <u>48236</u>
5.b. Termination Date <u>12/3/07</u>		5.c. Amount <u>78,600</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>716,700</u>			

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		
<u>SHADE</u> <input type="checkbox"/> <u>ZEBIB</u>	<u>23,895</u>			9. Office and Administrative Expenses	
<u>ZORER</u> <input type="checkbox"/> <u>CLYBURN</u>	<u>5,700</u>			10. Publicity	
<u>MARTY</u> <input type="checkbox"/> <u>NYSTROM</u>	<u>5,800</u>			11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees: <u>35,395</u>				14. Total Disbursements (Sum of Items 8-13) <u>35,395</u>	

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 <input type="text"/>		<input type="text"/>	
Title <input type="text"/>			
Organization <input type="text"/>		15.e. Purpose	
P.O. Box, Building and Room Number, if any <input type="text"/>			
Street <input type="text"/>			
City <input type="text"/>			
State <u>Washington</u> ZIP Code + 4 <input type="text"/>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>716,700</u>			

Name of Person Filing: <u>RUSS BROWN ASSOCIATES</u>	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	<u>CAOENCE INNOVATIONS</u>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<u>977 E. 14TH HILERO</u>
Attention To	<u>LYNN</u> <input type="checkbox"/> <u>GILBERT</u>	City	<u>TROY</u>
Title	<u>EXEC. ASSISTANT</u>	State	<u>MI</u> ZIP Code + 4 <u>48084</u>
5.b. Termination Date <u>8/3/07</u>		5.c. Amount <u>389,720</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>716,700</u>			

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		
<u>SHADEM</u> <input type="checkbox"/> <u>ZEBIB</u>	<u>92,115</u>			9. Office and Administrative Expenses	
<u>LOREN</u> <input type="checkbox"/> <u>CLYBURN</u>	<u>95,640</u>			10. Publicity	
<u>JASON</u> <input type="checkbox"/> <u>SCHARFFER</u>	<u>19,240</u>			11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees: <u>156,995</u>				14. Total Disbursements (Sum of Items 8-13) <u>156,995</u>	

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 <input type="checkbox"/> <input type="checkbox"/>			
Title <input type="checkbox"/>			
Organization <input type="checkbox"/>			
P.O. Box, Building and Room Number, if any <input type="checkbox"/>		15.e. Purpose	
Street <input type="checkbox"/>			
City <input type="checkbox"/>			
State <u>Washington</u> ZIP Code + 4 <input type="checkbox"/>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>716,700</u>			

Name of Person Filing: <u>RUSS BROWN ASSOCIATES</u>	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 SKYWAY PRODUCTION, INC. P.O. Box, Building and Room Number, if any _____

Trade Name _____ Street 41225 PLYMOUTH RD

Attention To KELLY ☐ REMPERT City PLYMOUTH

Title HR DIRECTOR State MICHIGAN ZIP Code + 4 48170

5.b. Termination Date 7/1/07 5.c. Amount 213,663.23

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 716,700

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
<u>MATTY</u> <input type="checkbox"/> <u>WYNDY</u>	<u>22,850</u>		
<u>DAVID</u> <input type="checkbox"/> <u>ALBERT</u>	<u>57,180</u>		
<u>BILL</u> <input type="checkbox"/> <u>ROSE</u>	<u>7,750</u>		
<u>LOREN</u> <input type="checkbox"/> <u>CLYDE</u>	<u>17,650</u>		
<u>SHANE</u> <input type="checkbox"/> <u>ZEAL</u>	<u>9,980</u>		

8. Total disbursements to officers and employees: 96,535.50

9. Office and Administrative Expenses _____

10. Publicity _____

11. Fees for Professional Services _____

12. Loans Made _____

13. Other Disbursements _____

14. Total Disbursements (Sum of Items 8-13) 96,535.50

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.e. Purpose _____

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 716,700