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. 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

1 . File Number C- (093)	2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)
	By This Report From:	1/1/10	Through:	12/31/10
A. Person Filing		······································		
3. Name and mailing address (include ZIP Code):				
		s where records necessa	ary to venity to	nis report are kept:
GERKED OBRIEN	Name	anna - con annuarona na con un anti-		and the same of
Title CONSULTANT	Title			
Organization	Organization	Commence of the second second second second		and the second s
P.O. Box, Building and Room Number, if any	P.O. Box, Building	g and Room Number, if a	any	• • • • •
	1	and the self-transfer of the second s		
Street 23 SUMMIT HEIGHTS	Street	general and a second process of the second particles o		
City NORTH OAKS	City	and the second s		
State MINNESOTA ZIP Code + 4 55127	State	and the state of t	ZIP Code)+4
Signa	itures			
	es of law, that all of the i	information submitted in the	nis report (ind d's knowledg	uding the e and belief, true,
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) that been examined by the correct, and complete. (See the Section on penaltic to the interioris).	e signatory and is, to the			
nformation contained in any accompanying documents) has been examined by the orrect, and complete. (See the Section on penellik and inclusions). 7. Signed President	a signatory and is, to the	i i		Treasurer
information contained in any accompanying documents) has been examined by the orrect, and complete. (See the Section on peneltik and in a complete company).	18. Signed	surer		Treasurer (If other title, see instructions)
7. Signed President Coassal Base (if other title, see	18. Signed	surer		(If other title, se

Name of Person Filing:	GER	ALD	OBR.	EN

File Number C-

Title PRESIDENT	State	ZIP Code + 4 74013
Attention To PHILWILSON	city Broken	Arrow
Trade Name		south Elm Place
Employer LABOR RELATIONS INSTITUTE	fe, Te.P.O. Box, Building and Roo	m Number, if any
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	

C. Statement of Disbursements	Report all disbursements r to the employers listed in F	made by the re Part B.	eporting organizati	on in connection with labor relations advice	e or services rendered
Disbursements to Officers and Enipl (a) Name		(c) Expenses (d	d) Totals		
GERALD OBRIE	N 176.285	39,570	215,850	Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
			1	i 2. Loans Made	
			1	3. Other Disbursements	4200
8. Total disbursements to officers ar	nd employees:		1	4. Total Disbursements (Sum of Items 8-13)	220055

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 7485
Name	
Title	AIR FARES
Organization	
P.O. Box, Building and Room Number, if any	HOTELS RENTAL CARS
Street	MEALS
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	TIVITY

Name of Person Filing: GERALO OBRIEN	File Number C	
B. Statement of Receipts Report all receipts from employers in connection wit or services.	th labor relations advice or services regardless of the purposes of the advice	ce
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Employer CHESSBOARD CONSULTING	P.O. Box, Building and Room Number, if any	
Trade Name	Street 1141 W. WASHINGTON, #23	5
Attention To Chris Cimino	City Chicago	
PRESIDENT	State IL 2IP Code + 4 60607	
5.b. Termination Date 12-21-10	5.c. Amount 60685	
6 TOTAL DECEIPTS EDOMALL TARD ONES	.20055	

C. Statement of Disbursements	Report all disbursements to the employers listed in	made by the Part B.	reporting organiza	ation in connection with labor relations advice	e or services rendered
Disbursements to Officers and Emp. (a) Name	loyees: (b) Salary	(c) Expenses	(d) Totals		
GERALD OBRIE	N 176.285	39,570	215,850	Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	4200
8. Total disbursements to officers a	nd employees:			14. Total Disbursements (Sum of Items 8-13)	220055
D. Schedule of Disbursements fo	r Reportable Activity	Use this Scho	edule to report on	ly disbursements made for the purposes de	
15.a. Employer Name:			15.b. Trade	Name, If any:	

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 14020
Name	15.e. Purpose
Title	AIR FARES
Organization P.O. Box, Building and Room Number, if any	HOTELS Rental CARS MEALS
Street	MEALS
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	ΓΙΝΙΤΥ

Name of Person Filing: GERALO OBA	SIEN	File Number C-
B. Statement of Receipts Report all receipts from employed or services.	rers in connection with labor relations advice or ser	rvices regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any Employer ABM JAUNORIAL S Trade Name Attention To BRAD NELSON	P.O. Box, Building and Roc SERVICES	
BRANCH MANAGE	_	ZIP Code + 4 50314
5.b. Termination Date 4 - 22 - 16	5.c. Amount	20186
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	220055	

C. Statement of Disbursements	Report all disbursements to the employers listed in	made by the i	reporting organiza	ation in connection with labor relations advice	e or services rendered
Disbursements to Officers and Empi (a) Name	loyees: (b) Salary	(c) Expenses	(d) Totals		
GERALD OBRIE	N 176,285	39,570	215,850	Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	4200
8. Total disbursements to officers a	nd employees:			14. Total Disbursements (Sum of Items 8-13)	220055

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 15.b. Trade Name, If any: 15.b. Trade Name, If any: 15.d. Amount 1961 15.e. Purpose AIR FARES HOTELS Rental CARS MEALS	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.
Name Title Organization P.O. Box, Building and Room Number, if any Street City 15.6. Amount [96] AIR FARES HOTELS Rental CARS MEALS	15.a. Employer Name:	15.b. Trade Name, If any:
Title Organization P.O. Box, Building and Room Number, if any Street City 15.e. Purpose AIR FARES HOTELS Rental CARS MEALS	15.c. To Whom Paid	15.d. Amount
Organization AIR FARES HOTELS P.O. Box, Building and Room Number, if any Street City AIR FARES HOTELS Rental CARS MEALS	Name	
P.O. Box, Building and Room Number, if any Street City HOTELS Rental CARS MEALS	Title	
City	Organization	AIR HARES
City		HOTELS Rental CARS MEALS
	City	PVEACS
State Washington ZIP Code + 4	,	
	State Washington ZIP Code + 4	

Name of Person Filing: GERALO OBRIEN		File 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).	Mailing Addre	ess:
Employer ECKERT SEAMANS	P.O. Box, Building and F	Room Number, if any
Employer ECKERT SEAMANS Cherin & Mellott, LLC Trade Name	Street 00 Co	EPORATE DRIVE,# 200
Attention To PHILLIP BINOHO, JR	CityCAHONS	
Attorney AT LAW	State PA	ZIP Code + 4 15317
5.b. Termination Date 7-29-10	5.c. Amount	54957

220055

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.				
Disbursements to Officers and Emplo (a) Name	yees: (b) Salary	(c) Expenses (d	d) Totals		
GERALD OBRIEN	176,285	39,570	215,850	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	4200
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	220055

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.				
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 6957			
Name	15.e. Purpose			
Title	AIRFARES			
Organization				
P.O. Box, Building and Room Number, if any	HOTELS Rental CARS			
Street	MEALS			
City				
State Washington ZIP Code + 4				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACT	IVITY			

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

Name of Person Filing: GERALD OBRIEN	File	Number C-
B. Statement of Receipts Report all receipts from employers in connect or services.	ction with labor relations advice or services re	gardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any). Employer LABOR RELATIONS SERVICE	Mailing Address: P.O. Box, Building and Room Numl	•
Trade Name Attention To JOHN HERMANN	Street 24 CORPORT City NEW PORT BE	ate Plaza,#100 Each
PRESIDENT ECEO	State	ZIP Code + 4 92660
5.b. Termination Date 9-14-10	5.c. Amount 185	94
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	220055	

C. Statement of Disbursements	Report all disbursements to the employers listed in	made by the re	eporting organiza	tion in connection with labor relations advice	e or services rendered
Disbursements to Officers and Empl (a) Name	loyees: (b) Salary	(c) Expenses (c	d) Totals		
GERALD OBRIE	N 176.285	39,570	215,850	Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	4200
8. Total disbursements to officers ar	nd employees:			14. Total Disbursements (Sum of Items 8-13)	220055

instruc	is Schedule to report only disbursements made for the purposes described in Part D of the tions.
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 6094
Name	
Title	15.e. Purpose
Organization	AIR FARES
P.O. Box, Building and Room Number, if any	HOTELS RENTAL CARS
Street	MEALS
City	
State Washington ZIP Code + 4	

Name of Person Filing: GERALO OBRIEN	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).	Mailing Address:		
Employe CACR LABOR EDUCATION	P.O. Box, Building and Room Number, if any		
Trade Name SERVICES, INC.	Street 1141 W. Witshington, #235 CityChicago		
Attention To Chris Cimino	CityChicago		
PRESIDENT	State IL ZIP Code + 4 60607		
5.b. Termination Date 12-21-10	5.c. Amount 10 260		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	220055		

(c) Expenses (d) Totals

Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

39,576 215,850 9. Office and Administrative Expenses 10. Publicity

12. Loans Made

11. Fees for Professional Services

			13. Other Disbi	ursements	4200
Total disbursements to officers and employees:			14. Total Disbur	sements (Sum of Items 8-13)	220055
D. Schedule of Disbursements for		this Schedule	to report only disbursement	s made for the purposes de	scribed in Part D of the
15.a. Employer Name:			15.b. Trade Name, if any:		
15.c. To Whom Paid			15.d. Amount		
Name			15.e. Purpose		
Title			Tote: r dipuse		
Organization					
P.O. Box, Building and Room Nu	mber, if any				
Street					
City					
State Washington	710.0				
oute washington	ZIP Code + 4				
16. TOTAL DISBURSEMENTS FOR	ALL REPORTABLE ACTIVITY		**************************************		

C. Statement of Disbursements

7. Disbursements to Officers and Employees:

GERALD OBRIEN

(b) Salary

Name of Person Hilling: GERALO OBRIEN	F	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 ADAMS, NASH & HASKELL, IN	Mailing Address: P.O. Box, Building and Room No	•
Trade Name Attention To BILL Adams	Street 3940 Obs City Erlanger	ympic Blvd, # 400
Title PRESIDENT	State Ky	ZIP Code + 4 41018
5.b. Termination Date 12 -14 - 10	5.c. Amount	6014
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	220055	

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.				
Disbursements to Officers and Emp (a) Name		(c) Expenses (d	i) Totals		
GERALD OBRIE	N 176,285	39,570	215,850	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	4200
8. Total disbursements to officers a	nd employees:			14. Total Disbursements (Sum of Items 8-13)	220055

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 3054
Name	15.e. Purpose
Title	AIRFARES
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	TIVITY