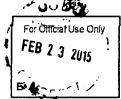
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66275	
Paran Filina	
Person Filing 2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Paul Murray	Name
	Title
Organization P.A.S. Consulting LLC	Organization
P.O. Box, Bidg., Room No., if any Suite 341	P.O. Box, Bldg., Room No., if any
Street 13725 Metcalf	Street
City Overland Park	City
State Kansas ZIP Code + 4 66223	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	<u> </u>
Dec / 15 a. Individual b. Partnership c. Corporation d. Other (Specify): LLC	
· · · · · · · · · · · · · · · · · · ·	
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 1 / 19 / 2015
Name Tony DiBartolo	, ,
Organization CCMC Community Hospital	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any Suite 2300	Name
Street 1350 Edgemont Avenue	Name
City Chester	Name
State Pennsylvania ZIP Code + 4 19103-3995	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section 171 on penalties in the instructions.) 13. Signed Title President President (If other title, see instructions)	
On 2/16/15 (913) 269-7042 Telephone Number	On Date Telephone Number

Filer: Paul Murray P.A.S. Consulting LLC	File Number C-	
Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.		
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):		
Educate employees		
		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
Educate employees and answer employee questions		
	Later Education	
11.b. Period during which performed: 1/27/15 ongoing	11.c. Extent performed: ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name staff	Name	
Organization P.A.S. Consulting LLC	Organization	
P.O. Box, Bldg., Room No., if any Suite 341	P.O. Box, Bldg., Room No., if any	
Street 13725 Metcalf	Street	
City Overland Park	City	
State Kansas ZIP Code + 4 66223	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
educate employees		