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- 00591				2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)					
				By This Report From:	01/01/2008	Through:	12/31/2	2008				
A. Person Fi												
3. Name and	mailing address (inclu	de ZIP Code):		4. Any other addres	s where records necessa	ry to verify	this report are kep	pt:				
Name	Paul	Murray	·	Name								
Title	President			Title]				
Organizatio	Mealthcare S	trategies, LLC		Organization	Organization							
Street 71 City Ov	Building and Room Nu 13 West 135th erland Park nsas	Street # 111	+4 66213	P.O. Box, Buildin Street City State	g and Room Number, if a	ZIP Cod	e + 4					
			Sigr	atures								
information co correct, and o	ontained in any accomposition of the Sec		been examined by t	he signatory and is, to the	information submitted in the best of the undersigned							
On 23/	LARLY LARLY L	3-269-7042 elephone Number		On Dat	/ Telephone	Number						

Name of Person F	ling:	Paul Murray				File Number C- 00591							
Γ													
B. Statement of I	₹ece	eipts Report all receipts or services.	s from employers in	1 connection	on wi	th labor relation	ns advice or servi	ices regardless of the purpo:	ses of the advice				
5.a. Name and Add	ess	of Employer (including tra	ade name, if any).			Mailing Address: Building and Room	Number, if any						
Employer U													
Trade Name	rade Name						Street 1127 Penn Tower						
Attention To	o Patricia Wren				City P	City Philadelphia							
Title	V₽	Human Resource	19		State P	State Pennsylvania ZIP Code + 4 19104							
5.b. Termination	Date	, [5.c. Amoun	nt [
6. TOTAL RECEI	PTS	FROM ALL EMPLOYE	ERS										
							<u> </u>						
C. Statement of	Jisb		t all disbursements r employers listed in F		ne re	porting organiz	ation in connectio	on with labor relations advice	or services rendered				
7 Dishursements to	n Off	icers and Employees:	mpiojoro notos	art D.									
(a) Name		toro ano Employodo.	(b) Salary	(c) Expens	ses (d)) Totals							
Paul		Murray	35,916			35,916	9. Office and A	Administrative Expenses					
							10. Publicity						
-							11. Fees for Pro	ofessional Services					
	Ţ				0	0	12. Loans Made	,					
· · · · · · · · · · · · · · · · · · ·		<u> </u>		Ĺ			13. Other Disbu						
8. Total disbursen	ent	s to officers and employ	yees:			35,916	14. Total Disburs	sements (Sum of Items 8-13)	35,91				
D. Schedule of D	isbı	ursements for Reports		Use this S	iched	iule to report or	nly disbursements	s made for the purposes des	cribed in Part D of the				
15.a. Employer N	ame	•				15.b. Trade	e Name, If any:						
About Bu	ısi	ness, Inc							 }				
15.c. To Whom Pa	aid					15.d. A moı	unt 113,798						
Name E	obe	erta	Buesching			15.e. Purpr	15.e. Purpose						
Title [C	ons	sultant				Persua	Persuader activities, direct employee communciations, answered employee questions						
Organization A	boı	nt Business, Inc					C14010110 , 4111	meren embrokee dar	55010116				
P.O. Box, Build	ting	and Room Number, if a	anv										
	10. 50%, Surroung and recommender, it dity												
Street 6483	Street 6483 S. Xenophon Street												
City Littl				—									
State Color	adc)	ZIP Code + 4 8	30127		¬ []							
		EMENTS FOR ALL RE			7 54	<u> </u>							
10. 10 1/12 51050	,,,,	- MENTOT ON ALL NE	I ON ABLE ACTI	**** 10/	, 54	,							

Form LM-21 (2003)

. , , , ,

Name of Person Filing: Paul Murray	File Number C- 00591
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	ule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Padilla Industries, Inc	
15.c. To Whom Paid	15.d. Amount 4,021
Name Wanda Padilla	15.e. Purpose
Title Consultant	Persuader activities, direct employee
Organization Padilla Industries, Inc	communciations, answered employee questions
	1
P.O. Box, Building and Room Number, if any	
Street 11 Cuerno de Vaca Drive	
City Santa Fe	,
State New Mexico ZIP Code + 4 87507	
5.a. Employer Name:	15.b. Trade Name, If any:
Algego Health	
15.c. To Whom Paid	15.d. Amount 69,728
Name Patricia Lopez	
Title Consultant	15.e. Purpose Persuader activities, direct employee
Organization Alego Health Inc	communciations, answered employee questions
Organization Alego Health Inc	4
P.O. Box. Building and Room Number, if any	
Street 35000 Curtis Blvd	
City Eastlake	
State Ohio ZIP Code + 4 44095	
I5.a. Employer Name:	15.b. Trade Name, if any:
io.a. Employer Name.	15.b. Trade Name, it any.
15.c. To Whom Paid	15.d. Amount
Name []	15.e. Purpose
Title	13.e. ruipuse
Organization	٦ ا
P.O. Box, Building and Room Number, if any	-
Street	
	1
City	

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- 00591	2. Period Covered By This Report From: 01 / 01 / 2008 Through: 12 / 31 / 2008								
A. Person Filing									
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:								
Name Paul Murray	Name								
Title President	Title								
Organization Healthcare Strategies, LLC	Organization								
P.O. Box, Building and Room Number, if any Street 7113 West 135th Street # 111 City Overland Park	P.O. Box, Building and Room Number, if any Street								
State Kansas ZIP Code + 4 66213	State ZIP Code + 4								
Signa	itures								
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the 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)								
On Date 913-269-7042 Telephone Number	On Date Telephone Number								

Name of Person	Filing:	Paul Murra	У							File Number C-	00591				
			*												
B. Statement of	Rece	ipts Report all re or services.	ceipts from	n employers in	n connection	with !	labor relati	ions	advice or serv	ices regardless o	f the purpo	ses (of the advice		
5.a. Name and Address of Employer (including trade name, if any).								Mailing Address: P.O. Box, Bullding and Room Number, if any							
Employer Brookdale Senior Living								7.5. box, building and recommendat, it any							
Trade Name							Street 6737 W. Washington Street # 2300								
Attention To Glen. Maul							City Milwaukee								
		· · · · · · · · · · · · · · · · · · ·			ר			sconsin		J ∏ZIP Code	. .	53214			
Title	Se	nier VP Huma	in kesoi	urces		_,	State	MT	BCOMBIN		J217 C006	T 4	33414		
5.b. Termination	Date						5.c. Amor	unt							
6. TOTAL RECE	IPTS	FROM ALL EMP	LOYERS						<u> </u>						
															
C. Statement of	Disb		eport all dis the employ	sbursements vers listed in	made by the Part B.	repoi	rting organ	nizat	tion in connecti	on with labor rela	tions advic	e or s	services rendered		
7. Disbursements	to Off	icers and Employer	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
(a) Name		11		(b) Salary	(c) Expenses	(d) To	otals					1			
Paul	<u> </u>	Murray		0	 	╇		의		Administrative Exp	penses	_	<u></u>		
	_ _	<u> </u>			<u> </u>	4		-+	10. Publicity						
		<u> </u>				╧				ofessional Service	es	<u> </u>			
	<u> </u>					1		-	12. Loans Mad			<u> </u>			
		<u> </u>		L	<u> </u>			-+	13. Other Disb			<u> </u>			
8. Total disburse	ment	s to officers and e	mployees:				0 14. Total Disbursements (Sum of Items 8-13)				0				
D. Schedule of	Disb	ursements for Re	portable A	Activity	Use this Sch	reduk	e to report	onh	v disbursement	s made for the pu	ırposes de:	scrib	ed in Part D of the		
					instructions.										
15.a. Employer	Name	:				_	15.b. Tra	de	Name, If any:						
Health	are	Strategies				<u></u>									
15.c. To Whom	Paid						15.d. Am	юшп	t 7,532						
Name	Mar:	ilyn	Mur	ray			15.e. Purpose								
Title Consultant							Persuader activities & direct employee								
Organization Healthcare Strategies, LLC							communciation following decertification filed by employer's employees								
P.O. Box, Bu	ilding	and Room Numb	er, if any												
Street 7113	W	35th Street					1								
City Over	land	l Park													
State Kans	as		ZI	P Code + 4	66213					· • · · · · · · · · · · · · · · · · · ·					
16. TOTAL DISI	BURS	EMENTS FOR A	LL REPOR	TABLE ACT	VITY 7,53	2									

Form LM-21 (2003)

· · p ·