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 11-30-2006

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 smended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

273844		
1 . File Number C- 0464	2. Period Covered By This Report From: U1 / 01 / 2007 Through: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Through: 12 / 31 / 2007	
A. Person Filing		
3. Name and mailing address (include ZIP Code): Name David J Burke Title CEO/Chairman of the Board Organization Labor Information Services, Inc. P.O. Box, Building and Room Number, if any PO Box 6063 Street City Malibu State California ZIP Code + 4 90264	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 President Title Other (Specify) (if other title, see instructions) CEO/Chairman of the Board On 11/24/2008 310-589-5225 Date Telephone Number	18. Signed	

Name of Person Filing: David Burke	File Number C- 0464		
B. Statement of Receipts Report all receipts from employers in connection with preservices.	n 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: P.O. Box, Building and Room Number, if any		
Employer Citrus Valley Health Partners			
Trade Name	Street 140 College Street		
Attention To Lisa Foust	City Covina		
Title Senior Vice President - HR	State California ZIP Code + 4 91711		
5.b. Termination Date on-going	5.c. Amount 76, 404		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 76,404			
0. 1077E1E0E11 107 (OH AEE E1H E07E10 76, 404			
C. Statement of Disbursements Report all disbursements made by the report all disbursements made by the report all disbursements are to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered		
7. Disbursements to Officers and Employees:			
(a) Name (b) Salary (c) Expenses (d)	Totals		
	9. Office and Administrative Expenses		
	0 10. Publicity		
	0 11. Fees for Professional Services 24,554		
	12. Loars Made		
	13. Other Disbursements 0		
8. Total disbursements to officers and employees:	0 14. Total Disbursements (Sum of Items 8-13) 24,554		
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:		
Citrus Valley Health Partners			
15.c. To Whom Paid	15.d. Amount 2,665		
Name Susan Harris	15.e. Purpose		
Title President - Healthcare Division	To meet directly with employees either individually or in group meetings to discuss		
Organization The Burke Group	issues and answer quesitons regarding union issues. Also to discuss their legal rights to make an informed choice.		
P.O. Box, Building and Room Number, if any	and the state of t		
Street 27407 Pacific Coast Hwy			
City Malibu			
State California ZIP Code + 4 90265]		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 24,554			

Form LM-21 (2003)

Name of Person Filing: David Burke	File Number C- 0464
D. Schedule of Disbursements for Reportable Activity Use this Sched instructions.	tule to report only disbursaments made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Citrus Valley Health Partners	
15.c. To Whom Paid	15.d. Amount 3 , 590
Name Jason Rodriguez	15.e. Purpose
Title Associate	To meet directly with employees either
Organization The Burke Group	individually or in group meetings to discuss issues and answer quesitons regarding union issues. Also to discuss their legal rights to
P.O. Box, Building and Room Number, if any	make an informed choice.
Street 27407 Pacific Coast Hwy	
City Malibu	
State California ZIP Code + 4 90265	
15.a. Employer Name:	15.b. Trade Name, If any:
Citrus Valley Health Partners	
15.c. To Whom Paid	15.d. Amount 8 , 410
Name Jack Bermudez	15.e. Purpose
Title Associate	To meet directly with employees either
Organization Labor Information Services, Inc.	individually or in group meetings to discuss issues and answer quesitons regarding union issues. Also to discuss their legal rights to make an informed choice.
P.O. Box, Building and Room Number, if any	
PO Box 6063	
Street	
City Malibu	
State California ZIP Code + 4 90264]
15.a. Employer Name: Citrus Valley Health Partners	15.b. Trade Name, If any:
Cicius valley neatth Falthers	
15.c. To Whom Paid	15.d. Amount 9,889
Name Wendy Riddler	15.e. Purpose
Title Associate	To meet directly with employees either individually or in group meetings to discuss
Organization Labor Information Services, Inc.	issues and answer quesitons regarding union issues. Also to discuss their legal rights to
P.O. Box, Building and Room Number, if any	make an informed choice.
PO Box 6063	
Street	
City	
State California ZIP Code + 4 90264	<u> </u>