

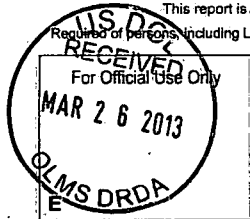
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

This report is mandatory under P.L. 85-257, 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

519951

1. File Number C-00691	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2012		12 / 31 / 2012

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Caina M Hunt	Name Phillip Wilson
Title President	Title President
Organization C Hunt Management Consulting Inc	Organization Labor Relations Institute
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any,
Street 701 love henry court	Street 7850 South Elm Place
City southlake	City broken arrow
State Texas ZIP Code + 4 76092	State Oklahoma ZIP Code + 4 74011

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 (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On 03 / 15 / 2013	714-310-4080	On / /	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Caina Hunt	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). Employer Mission Healthcare LLC Trade Name Evergreen Terrace Attention To Tom Boerboom Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 2801 Pokegama Ave South City Grand Rapids State Minnesota ZIP Code + 4 55744
5.b. Termination Date 12/2012	5.c. Amount 8,592
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 67,928	

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

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

Name of Person Filing: Caina Hunt	File Number C-
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.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5.a. Name and Address of Employer (including trade name, if any). Employer Cooper Health System Trade Name Cooper University Medical Center Attention To: Doug Allen Title VP of Human Resources </div> <div style="width: 50%;"> Mailing Address: P.O. Box, Bldg., Room No., if any Street Three Cooper Plaza City Camden State New Jersey ZIP Code + 4 08103 </div> </div>	
5.b. Termination Date 08/15/2012	5.c. Amount 11,914
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5.a. Name and Address of Employer (including trade name, if any). Employer Healthsouth Rehab Hospital of Spring Hill Trade Name Attention To: Chris Terrell Title </div> <div style="width: 50%;"> Mailing Address: P.O. Box, Bldg., Room No., if any Street 12440 Cortez Blvd. City Brooksville State Florida ZIP Code + 4 34613 </div> </div>	
5.b. Termination Date 12/05/2012	5.c. Amount 4,028
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5.a. Name and Address of Employer (including trade name, if any). Employer The May Institute Trade Name Attention To: Ralph Sperry Title COO </div> <div style="width: 50%;"> Mailing Address: P.O. Box, Bldg., Room No., if any Street 41 Pacella Park Dr City Randolph State Massachusetts ZIP Code + 4 02368 </div> </div>	
5.b. Termination Date ongoing	5.c. Amount 16,325
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5.a. Name and Address of Employer (including trade name, if any). Employer Medilodge Trade Name Attention To: Dee Culp Title COO </div> <div style="width: 50%;"> Mailing Address: P.O. Box, Bldg., Room No., if any Street 64500 Van Dyke City Washington State Michigan ZIP Code + 4 48095 </div> </div>	
5.b. Termination Date 08/15/2012	5.c. Amount 27,069
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title </div> <div style="width: 50%;"> Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 </div> </div>	
5.b. Termination Date	5.c. Amount
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title </div> <div style="width: 50%;"> Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 </div> </div>	
5.b. Termination Date	5.c. Amount