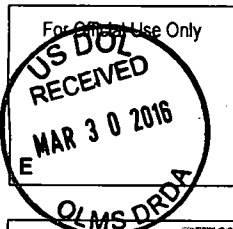


FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

6/8/98

1. File Number C. <u>673</u>	2. Period Covered By This Report From: <u>3/13/15</u> Through: <u>6/30/15</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Robert A Buesching</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name <u></u>
Organization <u>About Business, INC</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	Organization <u></u>
Street <u>6483 S. Xenophon St</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Lafayette, CO</u>	Street <u></u>
State <u>Colorado</u> ZIP Code + 4 <u>80127</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

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 <u>Robert A Buesching</u> President (if other title, see instructions) Title <u>President</u>	18. Signed <u></u> Treasurer (if other title, see instructions) Title <u>Treasurer</u>
On <u>3/31/2016</u> <u>720-838-7322</u> Date Telephone Number	On <u></u> <u></u> Date Telephone Number

Name of Person Filing: Robert A Buesching File Number C- 673

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 Huntington Hospital Mailing Address:
 P.O. Box, Building and Room Number, if any
 Trade Name Debbie Ortega Street 100 W. California Blvd.
 Attention To Debbie Ortega City Pasadena
 Title Chief HR officer State California ZIP Code + 4 91105

5.b. Termination Date 7/30/15 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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		
<u>Robert A Buesching</u>	<u>109,400</u>	<u>15,835</u>	<u>125,346</u>	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: <u>125,346.00</u>				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: About Business, INC

15.b. Trade Name, if any:

15.c. To Whom Paid
 Name Robert A Buesching
 Title President
 Organization About Business, INC
 P.O. Box, Building and Room Number, if any
 Street 6483 S. Xenophon St
 City Littleton
 State Colorado ZIP Code + 4 80127

15.d. Amount 125,346.00

15.e. Purpose
To Educate employees of legal rights under NLRA. Persuade employees to exercise or not to do so to the manner of exercising the right to organize and bargain collectively through representatives of their own choice

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY