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. 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)

RECEIVED RECEIVED APR 1 1 2016	REFULLY BEFORE PREPA	ARING THIS REPORT]	
1 . File Number C- 00691	2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)
	By This Report From:	01 / 01 / 2015	Through:	12 / 31 / 2015
A. Person Filing				
Name and mailing address (include ZIP Code):	4. Any other address	where records necessa	ry to verify t	his report are kept:
Name Carina Hunt	Name	1		

Title President Organization C Hunt Management Consulting Inc Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Street 821 E Dove Loop Rd Street City City Grapevine State Texas ZIP Code + 4 76051 State ZIP Code + 4 **Signatures**

Each of the undersigned declares, under penalty of periory 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 18. Signed Treasurer (if other title, see (If other title, see President Treasurer instructions) instructions) 03 / 14 / 2016 714-310-4080 On Telephone Number Telephone Number

Name of Person Filing: Carina Hunt				File Number C- 00691	
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.	employers ii	TOTHECION	with abor relation	is advice or services regardless or the purpo	ses of the advice
5.a. Name and Address of Employer (including trade na	ame, if any).			failing Address:	
Employer Novato Healthcare Cent	AT		P.O. Box, B	uilding and Room Number, if any	
Trade Name	7.7	ee j	Street 1	565 Hill Road	
Attention To Darron Tr	reude			ovato	•
Title Adminitrator			State Ca	alifornia ZIP Code	+4 94947
5.b. Termination Date 5.c. Amount 164, 256					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	363,469	· · · · · · · · · · · · · · · · · · ·			
	<u> </u>		·	-	
C. Statement of Disbursements Report all di to the emplo	sbursements yers listed in l	made by the i Part B.	reporting organiza	ation in connection with labor relations advice	or services rendered
7. Disbursements to Officers and Employees:	4.5.	-			
(a) Name Carina Hunt	(b) Salary 120,000	(c) Expenses	``	To om the state of	
Callia nuit	120,000	3/347	\$2 120,000	Office and Administrative Expenses 10. Publicity	
			+	11. Fees for Professional Services	
			 	12. Loans Made	
		· · · · · · · · · · ·		13. Other Disbursements	
8. Total disbursements to officers and employees	/		120,000	14. Total Disbursements (Sum of Items 8-13)	120,000
D. Schedule of Disbursements for Reportable	Activity	Use this Scho	edule to report on	ly disbursements made for the purposes de	scribed in Part D of the
		instructions.			
15.a. Employer Name:				Name, If any:	
the section of the se	<u> </u>		•	- January - Article - Arti	
15.c. To Whom Paid			15.d. Amou		
Name			15.e. Purpo	se	
Title					
Organization	-	-			
	- 14				-
P.O. Box, Building and Room Number, if any					•
Street		-			
City					
State Washington ZI	P Code + 4	<u> </u>		e egy o care e e company	<u> </u>
16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACTI	VITY 182,8	325		

Form LM-21 (2003)

Name of Person Filing: Carina Hunt	File Number C- 00691
Statement of Receipts Report all receipts from employers in connection values or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any). Employer Windsor Healthcare Sacramento	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Windsor Healthcare Sacramento Trade Name Attention To: Josh Sable	Street 501 Jesse Ave City Sacramento
Title General Counsel	State California ZIP Code + 4 95838
5.b. Termination Date 9/15/15	5.c. Amount 70,163
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Freemont Rideout Memorial Hospital Trade Name Attention To: Kristy Kelly Title Director Human Resources	Street 726 4th street City Marysville State California ZIP Code + 4 95901
5.b. Termination Date	5.c. Amount 129,050
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldq., Room No., if any Street City State ZIP Code + 4
the first than the second of the control of the con	the section of the se
5.b. Termination Date	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount Mailing Address: P.O. Box, Bldg., Room No., if any
	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	Mailing Address: P.O. Box, Bldg., Room No., if any Street City
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box, Bldg., Room No., if any Street City
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Bldg., Room No., if any Street City State ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda Room No if any Street City State ZIP Code + 4 5.c. Amount

Name of Person Filing: Carina Hunt	File Number C- 00691		
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	eport only disbursements made for the purposes described in Part D of the		
15.a. Employer Name: Windsor Healthcare Sacramento	15.b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Amount 24, 115		
Name Khanh Tran Title Consultant Organization	15.e. Purpose Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively		
P.O. Box, Building and Room Number, if any PO box 1501 Street City Lake Forest State California ZIP Code + 4 92609			
15.a. Employer Name:	15.b. Trade Name. If any:		

5.a. Employer Name: Freemont Rideout Memorial Hospital	15.b. Trade Name, If any:
5.c. To Whom Paid	15.d. Amount 32,089
Name Khanh Tran	15.e. Purpose
Title Consultant Organization	Engaged to communicate with employees regarding exercizing their right ot organize and bargain collectively
P.O. Box, Building and Room Number, if any	
PO box 1501	
Street	
City Lake Forest	
State California ZIP Code + 4 92609	

15.a. Employer Name:	15.b. Trade Name, If any:
Novato Healthcare	
15.c. To Whom Paid	15.d. Amount 37,807
Name Khanh Tram	15.e. Purpose
Title Organization	Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively
P.O. Box, Building and Room Number, if any	
PO box 1501	
Street	:
City Lake Forest	
State California ZIP Code + 4 92609	

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Name of Person Filing: Carina Hunt	File Number C- 00691
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Novato Healthcare	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 6, 589
Name Evelyn Fragozo Title President Organization Quality Labor Solutions Inc	15.e.Purpose Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively
P.O. Box, Building and Room Number, if any	
Street Condon Ave City Los Angeles	
State California ZIP Code + 4 90056	
15.a. Employer Name: Windsor Healthcare Sacramento	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 23,115
Name Jose Salgado	15.e. Purpose
Title President Organization LSB LLC	Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively
P.O. Box, Building and Room Number, if any	
Street 4504 W Spruce St	
City Tampa State Florida ZIP Code + 4 33607	
15.a. Employer Name: Novato Healthcare	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 14,233
Name Jose Salgado	15.e. Purpose
Title President	Engagaed to communicate with employees regarding exercizing their rights to organize and bargain
Organization LSB LLC	collectively
P.O. Box, Building and Room Number, if any	
Street 4504 W Spruce St City Tampa	
State Florida ZIP Code + 4 33607	

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Name of Person Filing: Carina Hunt	File Number C- 00691
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Novato Healthcare	
15.c. To Whom Paid	15.d. Amount 19,576
Name Sherwood Cox	15.e. Purpose
Title Consultant Organization	Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively
P.O. Box, Building and Room Number, if any	
Street 14426 Silverbrook Drive	
City Tustin	.
State California ZIP Code + 4 92780	
15.a. Employer Name:	15.b. Trade Name, If any:
Freemenot Rideout Memorial Hospital	and the second of the second o
15.c. To Whom Paid	15.d. Amount 25, 301
Name Jose Salgado	15.e. Purpose
Title President	Engagaed to communicate with employees regarding
Organization LSB LLC	exercizing their rights to organize and bargain collectively
P.O. Box, Building and Room Number, if any	
Street 4504 W Spruce St	
City Tampa	·
State Florida ZIP Code + 4 33607	<u> </u>
15.a. Employer Name:	15.b. Trade Name, If any:
13.a. Employer Name.	13.b. Hade Name, it any.
45 a Ta Whan Daid	45 d Amount
15.c. To Whom Paid	15.d. Amount
Name ; ; ; ; ;	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State 7IP Code + 4	