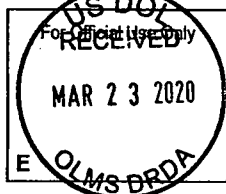


FORM LM-21 722783
RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0005
Expires: 03-31-2019

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-00691	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2019 Through: Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2019
------------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Carina"/> <input type="text" value="Hunt"/> Title <input type="text" value="President"/> Organization <input type="text" value="C Hunt Management Consulting Inc"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="909 Champions Ct"/> City <input type="text" value="Roanoke"/> State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="76262"/>	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 Title <input type="text" value="President"/> On <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2020"/> <input type="text" value="714-310-4080"/> Date Telephone Number	18. Signed Title <input type="text" value="Vice President Finance"/> On <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2020"/> <input type="text" value="714-305-9495"/> Date Telephone Number
---	--

Name of Person Filing:	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.

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

P.O. Box, Building and Room Number, if any

Employer <u>The AZ Alignment Group Association</u>	<u></u>
Trade Name <u></u>	Street <u>6501 E Greenway Parkway</u>
Attention To <u>Gabrielle</u> <input type="checkbox"/> <u>Shores</u>	City <u>Scottsdale</u>
Title <u>President</u>	State <u>Arizona</u> ZIP Code + 4 <u>85254</u>

5.b. Termination Date 02/22/2019 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></u>	<u></u>	<u></u>	<u></u>	9. Office and Administrative Expenses <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	10. Publicity <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made <u></u>
<u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements <u></u>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <u></u>

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: <u></u>	15.b. Trade Name, If any: <u></u>
15.c. To Whom Paid	15.d. Amount <u></u>
Name <u></u> <input type="checkbox"/> <u></u>	15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>
Title <u></u>	
Organization <u></u>	
P.O. Box, Building and Room Number, if any <u></u>	
Street <u></u>	
City <u></u>	
State <u>Washington</u> ZIP Code + 4 <u></u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	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.

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer Beaumont Health	P.O. Box, Building and Room Number, if any
Trade Name	Street 26901
Attention To Mike <input type="checkbox"/> Woolsey	City Southfield
Title HR VO Operations	State Michigan ZIP Code + 4 48003

5.b. Termination Date **12/31/2019** *Ongoing* 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="checkbox"/> <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State Washington ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>Carina Hunt</u>	File Number C- <u>00691</u>
---	-----------------------------

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). Mailing Address:	
Employer <u>Ross Stores Inc</u>	P.O. Box, Bldg., Room No., if any _____
Trade Name _____	Street <u>1372 Broadway 15th Floor</u>
Attention To: <u>Brenda Frank</u>	City <u>New York</u>
Title _____	State <u>NY</u> ZIP Code + 4 <u>10018</u>
5.b. Termination Date <u>4.5.19</u>	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	
				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	
Name _____	15.e. Purpose	
Title _____		
Organization _____		
P.O. Box, Building and Room Number, if any _____		
Street _____		
City _____		
State _____ ZIP Code + 4 _____		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		