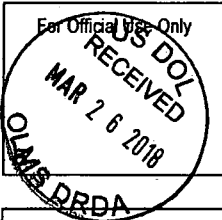


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 88-257, 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

667808

1. File Number C- 66773	2. Period Covered By This Report: From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		1 / 30 / 2017		12 / 31 / 2017

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Paul Murray Title President Organization JALLC, LLC P.O. Box, Building and Room Number, if any #341 Street 13725 Metcalf City Overland Park State Kansas ZIP Code + 4 66223	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 <u>Paul Murray</u> Title President On <u>3, 5, 2018</u> Date Telephone Number <u>9132697042</u>	18. Signed _____ Title Treasurer On <u>/ /</u> Date Telephone Number _____
---	---

Name of Person Filing: Paul Murray

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 Via Christi Health

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

Human Resources Suite 1963

Trade Name

Street 848 North Street St. Francis

Attention To Page

Bachman

City Wichita

Title VP Human Resources

State Kansas

ZIP Code + 4 67214-3800

5.b. Termination Date 2/24/2017

5.c. Amount 78,739

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 78,739

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:

Frank Barbera

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Frank Barbera

Title

Organization

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

Street 3308 Ariba Street

City Las Vega

State Nevada

ZIP Code + 4 89129

15.d. Amount 18,855

15.e. Purpose

Education with employees regarding union cards, election process, union contracts, etc. Answered employee questions.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 46,229

Name of Person Filing: Paul Murray	File Number C-
------------------------------------	----------------

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: Nanci Meek	15.b. Trade Name, If any:
15.c. To Whom Paid Name Nanci Meek Title Organization P.O. Box, Building and Room Number, if any Street 3308 Ariba Street City Las Vegas State Nevada ZIP Code + 4 89129	15.d. Amount 27,374 15.e. Purpose Education with employees regarding union cards, election process, union contracts, etc. Answered employee questions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose