

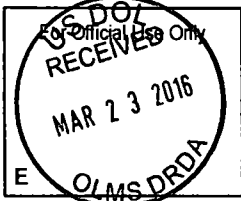
# FORM LM-21

## 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

611949

1. File Number C- <input type="text" value="66676"/>	2. Period Covered By This Report From: <input type="text" value="11/19/15"/> Through: <input type="text" value="12/31/2015"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Paul"/> <input type="text" value="Murray"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="President"/>	Name <input type="text"/>
Organization <input type="text" value="IRIL, LLC"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text" value="Suite 341"/>	Organization <input type="text"/>
Street <input type="text" value="13725 Metcalf"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Overland Park"/>	Street <input type="text"/>
State <input type="text" value="Kansas"/> ZIP Code + 4 <input type="text" value="66223"/>	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  President  
(if other title, see instructions)

18. Signed \_\_\_\_\_ Treasurer  
Title  (if other title, see instructions)

On    
Date Telephone Number

On    
Date Telephone Number

Name of Person Filing: Paul Murray

File Number C-

66676

**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 CKHS

Suite 2300

Trade Name

Street

1350 Edgmont Avenue

Attention To

Amy

Master

City

Chester

Title

Director Human Resources

State

Pennsylvania

ZIP Code + 4

19103

**5.b. Termination Date** 12/31/15**5.c. Amount**

0

**6. TOTAL RECEIPTS FROM ALL EMPLOYERS** 0**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

Paul	Murray	20,759	0	20,759	9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	1,800
					12. Loans Made	
					13. Other Disbursements	
<b>8. Total disbursements to officers and employees:</b>				20,759	<b>14. Total Disbursements (Sum of Items 8-13)</b>	22,559

**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 Robin

Buesching

Title Educator

Organization About Business

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

Street 6483 S Xenophon Street

City Littleton

State Colorado

ZIP Code + 4 80127

**15.d. Amount** 27,104**15.e. Purpose**

Education

**16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY** 30,366

**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:

Independent

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name

Michele

Wittmer

Title

Educator

Organization

IRIL, LLC

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

Street 107 Fernon Street

City

Philadelphia

State

Pennsylvania

ZIP Code + 4 19148

## 15.d. Amount

3,262

## 15.e. Purpose

Education

## 15.a. Employer Name:

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

## 15.d. Amount

## 15.e. Purpose

## 15.a. Employer Name:

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

## 15.d. Amount

## 15.e. Purpose