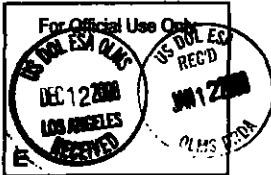


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

375017

|                       |                                                                                                                                  |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 1. File Number C-0464 | 2. Period Covered By This Report<br>From: Month/Day/Year (mm/dd/yyyy) 01/01/2007 Through: Month/Day/Year (mm/dd/yyyy) 12/31/2007 |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|

|                                                        |                                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------|
| <b>A. Person Filing</b>                                |                                                                              |
| 3. Name and mailing address (include ZIP Code):        |                                                                              |
| Name David J Burke                                     | 4. Any other address where records necessary to verify this report are kept: |
| Title CEO/Chairman of the Board                        | Name                                                                         |
| Organization Labor Information Services, Inc.          | Title                                                                        |
| P.O. Box, Building and Room Number, if any PO Box 6063 | Organization                                                                 |
| Street                                                 | P.O. Box, Building and Room Number, if any                                   |
| City Malibu                                            | Street                                                                       |
| State California ZIP Code + 4 90264                    | 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 [Signature] President (if other title, see instructions)<br>Title Other (Specify) CEO/Chairman of the Board<br>On 11/24/2008 310-589-5225<br>Date Telephone Number                                                                                                                                                                                                                                 | 18. Signed [Signature] Treasurer (if other title, see instructions)<br>Title Other (Specify) Office Manager<br>On 11/24/2008 310-589-5225<br>Date Telephone Number |

|                                    |                     |
|------------------------------------|---------------------|
| Name of Person Filing: David Burke | File Number C- 0464 |
|------------------------------------|---------------------|

**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 Citrus Valley Health Partners

Trade Name

Attention To Lisa ☐ Foust

Title Senior Vice President - HR

Mailing Address:  
P.O. Box, Building and Room Number, if any

Street 140 College Street

City Covina

State California ZIP Code + 4 91711

5.b. Termination Date on-going 5.c. Amount 76,404

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 76,404

**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>0</u>   | <u>0</u>     | <u>0</u>   | 9. Office and Administrative Expenses <u></u>             |
| <u></u>                                                    | <u>0</u>   | <u>0</u>     | <u>0</u>   | 10. Publicity <u></u>                                     |
| <u></u>                                                    | <u>0</u>   | <u>0</u>     | <u>0</u>   | 11. Fees for Professional Services <u>24,554</u>          |
| <u></u>                                                    |            |              |            | 12. Loans Made <u></u>                                    |
| <u></u>                                                    |            |              |            | 13. Other Disbursements <u>0</u>                          |
| 8. Total disbursements to officers and employees: <u>0</u> |            |              |            | 14. Total Disbursements (Sum of Items 8-13) <u>24,554</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: Citrus Valley Health Partners

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Susan ☐ Harris

Title President - Healthcare Division

Organization The Burke Group

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

Street 27407 Pacific Coast Hwy

City Malibu

State California ZIP Code + 4 90265

15.d. Amount 2,665

15.e. Purpose

To meet directly with employees either individually or in group meetings to discuss issues and answer quesitons regarding union issues. Also to discuss their legal rights to make an informed choice.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 24,554

Name of Person Filing: David Burke

File Number C- 0464

**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.

|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>15.a. Employer Name:</b><br>Citrus Valley Health Partners                                                                                                                                                                                                                                         | <b>15.b. Trade Name, if any:</b><br>                                                                                                                                                                                                                            |
| <b>15.c. To Whom Paid</b><br>Name Jason <input type="checkbox"/> Rodriguez <input type="checkbox"/><br>Title Associate<br>Organization The Burke Group<br><br>P.O. Box, Building and Room Number, if any<br><br>Street 27407 Pacific Coast Hwy<br>City Malibu<br>State California ZIP Code + 4 90265 | <b>15.d. Amount</b> 3,590<br><br><b>15.e. Purpose</b><br>To meet directly with employees either individually or in group meetings to discuss issues and answer questions regarding union issues. Also to discuss their legal rights to make an informed choice. |

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>15.a. Employer Name:</b><br>Citrus Valley Health Partners                                                                                                                                                                                                                                           | <b>15.b. Trade Name, if any:</b><br>                                                                                                                                                                                                                            |
| <b>15.c. To Whom Paid</b><br>Name Jack <input type="checkbox"/> Bermudez <input type="checkbox"/><br>Title Associate<br>Organization Labor Information Services, Inc.<br><br>P.O. Box, Building and Room Number, if any<br>PO Box 6063<br>Street<br>City Malibu<br>State California ZIP Code + 4 90264 | <b>15.d. Amount</b> 8,410<br><br><b>15.e. Purpose</b><br>To meet directly with employees either individually or in group meetings to discuss issues and answer questions regarding union issues. Also to discuss their legal rights to make an informed choice. |

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>15.a. Employer Name:</b><br>Citrus Valley Health Partners                                                                                                                                                                                                                                           | <b>15.b. Trade Name, if any:</b><br>                                                                                                                                                                                                                            |
| <b>15.c. To Whom Paid</b><br>Name Wendy <input type="checkbox"/> Riddler <input type="checkbox"/><br>Title Associate<br>Organization Labor Information Services, Inc.<br><br>P.O. Box, Building and Room Number, if any<br>PO Box 6063<br>Street<br>City Malibu<br>State California ZIP Code + 4 90264 | <b>15.d. Amount</b> 9,889<br><br><b>15.e. Purpose</b><br>To meet directly with employees either individually or in group meetings to discuss issues and answer questions regarding union issues. Also to discuss their legal rights to make an informed choice. |