

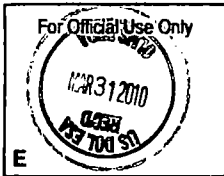
# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

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

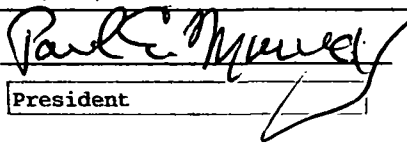
427345

1. File Number C- 00591	2. Period Covered By This Report From: 01/01/2009 Through: 12/31/2009
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	PAUL B MURRAY
Title	President
Organization	Healthcare Strategies, LLC
P.O. Box, Building and Room Number, if any	
Street 7113 West 135th Street, # 111	
City	Overland Park
State	Kansas ZIP Code + 4 66213
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 	18. Signed _____
Title President	Title Treasurer
On 03/09/2010 913-269-7042	On _____
Date Telephone Number	Date Telephone Number

Name of Person Filing: PAUL MURRAY

File Number C- 00591

**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 UPHS

Trade Name

Street

1127 Penn Tower

Attention To Patricia

Wren

City

Philadelphia

Title

VP Human Resources

State

Pennsylvania

ZIP Code + 4 19104

5.b. Termination Date

5.c. Amount 234,694

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 308,017

**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

		0	0	0	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:		0			14. Total Disbursements (Sum of Items 8-13)	0

**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

Roberta

Buesching

Title

Consultant

Organization

About Business, Inc

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 58,359

15.e. Purpose

persuader activities, direct employee communications, answered employee questions

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 105,919

Name of Person Filing: PAUL MURRAY

File Number C-00591

**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 Labor Relations Services

P.O. Box, Bldg., Room No., if any

Trade Name

Street 24 Corporate Plaza Suite 100

Attention To: Deborah Steffo

City Newport Beach

Title Director of Finance

State California ZIP Code + 4 92660

5.b. Termination Date

5.c. Amount 73,323

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

## Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State ZIP Code + 4

5.b. Termination Date

5.c. Amount

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

## Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State ZIP Code + 4

5.b. Termination Date

5.c. Amount

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

## Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State ZIP Code + 4

5.b. Termination Date

5.c. Amount

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

## Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State ZIP Code + 4

5.b. Termination Date

5.c. Amount

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

## Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State ZIP Code + 4

5.b. Termination Date

5.c. Amount

**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> Alego Health	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name: Patricia <input type="checkbox"/> Lopez <input type="checkbox"/> Title: Consultant Organization: Alego Health  P.O. Box, Building and Room Number, if any: Street: 35000 Curtis Blvd City: Baslake State: Ohio ZIP Code + 4: 44095	<b>15.d. Amount</b> 2,955  <b>15.e. Purpose</b> persuader activities, direct employee communications, answered employee questions
<b>15.a. Employer Name:</b> Advance Payroll	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name: Patricia <input type="checkbox"/> Lopez <input type="checkbox"/> Title: Consultant Organization: Advance Payroll  P.O. Box, Building and Room Number, if any: Box 931974 Street: City: Cleveland State: Ohio ZIP Code + 4: 44193	<b>15.d. Amount</b> 9,000  <b>15.e. Purpose</b> persuader activities, direct employee communications, answered employee questions
<b>15.a. Employer Name:</b> Healthcare Strategies, LLC	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name: Liora <input type="checkbox"/> Lurie <input type="checkbox"/> Title: Consultant Organization: Healthcare Strategies, LLC  P.O. Box, Building and Room Number, if any: Street: 2016 Metts Avenue City: Wilmington State: North Carolina ZIP Code + 4: 28403	<b>15.d. Amount</b> 35,605  <b>15.e. Purpose</b> persuader activities, direct employee communications, answered employee questions