U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 722 783 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. 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

MAR 2 3 2020	
1 File Number C- 00691	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy)
A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Carina Hunt Title President Organization C Hunt Management Consulting Inc P.O. Box, Building and Room Number, if any Street 909 Champions Ct City Roanoke State Texas ZIP Code + 4 76262	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
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable penaltic information contained in any accompanying documents) has been examined by the correct, and complete (See the Section on penalties in the instructions). 17. Signed President (if other title, see instructions)	es of law, that all of the information submitted in this report (including the
On 03 / 30 / 2020 714-310-4080 Date Telephone Number	On 03 / 30 / 2020 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 The AZ Alignment Group Association							
Trade Name Street	6501 E Greenway Parkway						
Attention To Gabrielle Shores City							
Title President State	Arizona ZIP Code + 4 85254						
5.b. Termination Date 02/22/2019 5.c. An	ount						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	·						
C. Statement of Disbursements Report all disbursements made by the reporting org	anization 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							
	Office and Administrative Expenses						
	10. Publicity						
	11. Fees for Professional Services						
	12. Loans Made						
	13. Other Disbursements						
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 repoinstructions.	t only disbursements made for the purposes described in Part D of the						
15.a. Employer Name: 15.b. T	rade Name, If any:						
15.c. To Whom Paid 15.d. A	mount						
Name AF - F							
Title 15.e. F	urpose ·						
Organization							
P.O. Box, Building and Room Number, if any							
Street							
City							
State Washington ZIP Code + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							
10. TOTAL DISBURSEMENTS FUR ALL REPURTABLE ACTIVITY							

Form LM-21 (2003)

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 Beaumont	Health			DON, Building and Noosh Number, II any			
Trade Name				26901			
Attention To Mike	Woolsey		City S	Southfield			
Title HR VO C	perations		State M	lichigan	ZIP Code	+ 4 48003	
5.b. Termination Date 42	vanzora Draoina		5.c. Amoun	+			
6. TOTAL RECEIPTS FROM				*			
U. TOTAL RECEIFTS FROM	ALL EMPLOYERS						
<u> </u>	and the second second		-				
C. Statement of Disbursem	ents Report all disbursements to the employers lister	ents made by the repor	rting organiz	ation in connection	n with labor relations advice	or services rendered	
7. Disbursements to Officers an	• •	omraito.					
(a) Name	(b) Salary	(c) Expenses (d) To	otals		_ ·		
				9. Office and A	dministrative Expenses		
				10. Publicity			
				11. Fees for Pro	ofessional Services		
				12. Loans Made	,		
				13. Other Disbu	rsements		
8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)							
D. Schedule of Disburseme	nts for Reportable Activity	Use this Schedule	to report or	nly disbursements	made for the purposes des	cribed in Part D of the	
15.a. Employer Name:		mondonoris.	15.b. Trade	Name, If any:			
					-	\neg	
45 - 100 - 11			<u> </u>				
15.c. To Whom Paid		 -	15.d. Amou	int [
Name			15.e. Purpo	se			
Title							
Organization			. -		-	·	
P.O. Box, Building and Room Number, if any							
Street							
City							
State Washington	ZIP Code +	4					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							
10. TOTAL DISBURSEMENTS FUR ALL REPURTABLE ACTIVITY							

Name of Person Filing: Carina Hu	nt		File Number C- DD Log \				
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 ROS Stores	<u>s Inc</u>	<u> </u>	P.O. Box, Bldg., Room No., if any				
Trade Name			Street 1372 Broadway 15th Floor				
Attention To: Brenda Frank		City New York					
Title			State ZIP Code + 4 0018				
5.b. Termination Date 4,5,19		5.c. Amount					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disburs to the employers			orting organiza	ation in connection with labor relations advice or	services rendered		
7. Disbursements to Officers and Employees:	instea in r an	. Б.	•				
(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)			
	*4	#1: O.L. 4		E d'ob			
D. Schedule of Disbursements for Reportable Acti		this Schedu ructions.	lle to report on	ly disbursements made for the purposes descrit	bed in Part D of the		
15.a. Employer Name:			15.b. Trade	Name, if any:			
15.c. To Whom Paid		15.d. Amount					
Name							
Title	-	-					
Organization		15.e. Purpose					
P.O. Box, Building and Room Number, if any							
1.0. Dox, Dunding and Noon Namber, if any							
Street	 						
Street							
City							
State ZIP Code + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPORTAE	BLE ACTIVIT	Υ					