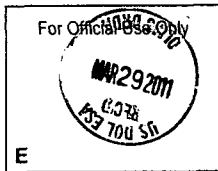


# FORM LM-21

## 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

453210

1. File Number C- <b>730</b>	2. Period Covered By This Report From: <b>01/01/2008</b> Through: <b>12/31/2008</b>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <b>Diana</b> <input type="checkbox"/> <b>Chamberlain</b>	Name <input type="checkbox"/> <input type="checkbox"/>
Title <b>Consultant</b>	Title <input type="checkbox"/>
Organization <b>Labor Relations Academy for Management</b>	Organization <input type="checkbox"/>
P.O. Box, Building and Room Number, if any <input type="checkbox"/>	P.O. Box, Building and Room Number, if any <input type="checkbox"/>
Street <b>105 Golden Eagle Drive</b>	Street <input type="checkbox"/>
City <b>Venetia</b>	City <input type="checkbox"/>
State <b>Pennsylvania</b> ZIP Code + 4 <b>15367</b>	State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>

### 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 <i>Diana Chamberlain</i> Title <b>Other (Specify)</b> <b>Consultant</b> (if other title, see instructions)	18. Signed _____ Title <b>Treasurer</b> (If other title, see instructions)
On <b>03/25/2011</b> <b>(248) 310-5284</b> Date Telephone Number	On <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> Date Telephone Number

Name of Person Filing: Diana Chamberlain	File Number C-
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**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 <u>Employee Solutions Inc (for Cedars Sinai)</u>	P.O. Box, Building and Room Number, if any <u>67166</u>
Trade Name <u></u>	Street <u>5108 Cumberland Place NW</u>
Attention To <u>Josephine</u> <u>Zamora</u>	City <u>Albuquerque</u>
Title <u></u>	State <u>New Mexico</u> ZIP Code + 4 <u>87120</u>

5.b. Termination Date 8/08 5.c. Amount 1350

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

<p>15.a. Employer Name: <u></u></p> <p>15.c. To Whom Paid</p> <p>Name <u></u> <u></u></p> <p>Title <u></u></p> <p>Organization <u></u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u>Washington</u> ZIP Code + 4 <u></u></p>	<p>15.b. Trade Name, If any: <u></u></p> <p>15.d. Amount <u></u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Diana Chamberlain		File Number C-	
<b>B. Statement of Receipts</b> 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 <u>Employee Solutions Inc. (for St. Lukes)</u>	P.O. Box, Bldg., Room No., if any <u>67166</u>		
Trade Name <u></u>	Street <u>5108 Cumberland Place NW</u>		
Attention To: <u>Josephine</u> <input type="checkbox"/> <u>Zamora</u>	City <u>Albuquerque</u>		
Title <u></u>	State <u>New Mexico</u>	ZIP Code + 4 <u>87120</u>	
5.b. Termination Date <u>12/08</u>		5.c. Amount <u>2100.00</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u></u>		
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>		
Title <u></u>	State <u></u>	ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u></u>		
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>		
Title <u></u>	State <u></u>	ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u></u>		
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>		
Title <u></u>	State <u></u>	ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u></u>		
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>		
Title <u></u>	State <u></u>	ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u></u>		
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>		
Title <u></u>	State <u>New Hampshire</u>	ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	