

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

288427

1. File Number C-00591	2. Period Covered By This Report From: 01/01/2008 Through: 12/31/2008
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Paul 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	President (if other title, see instructions)
Title	President
On 02/01/2009	913-269-7042
Date	Telephone Number
18. Signed	Treasurer (if other title, see instructions)
Title	Treasurer
On	
Date	Telephone Number

Name of Person Filing: Paul Murray	File Number C- 00591
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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>UPHS</u>	P.O. Box, Building and Room Number, if any <u></u>
Trade Name <u></u>	Street <u>1127 Penn Tower</u>
Attention To <u>Patricia</u> <input type="checkbox"/> <u>Wren</u>	City <u>Philadelphia</u>
Title <u>VP Human Resources</u>	State <u>Pennsylvania</u> ZIP Code + 4 <u>19104</u>

5.b. Termination Date 5.c. Amount

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	
Paul <input type="checkbox"/> Murray	35,916		35,916	9. Office and Administrative Expenses <u></u>
<input type="checkbox"/> <u></u>				10. Publicity <u></u>
<input type="checkbox"/> <u></u>				11. Fees for Professional Services <u></u>
<input type="checkbox"/> <u></u>		0	0	12. Loans Made <u></u>
<input type="checkbox"/> <u></u>				13. Other Disbursements <u></u>
8. Total disbursements to officers and employees: 35,916				14. Total Disbursements (Sum of Items 8-13) 35,916

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: <u>About Business, Inc</u>	15.b. Trade Name, if any: <u></u>
15.c. To Whom Paid Name <u>Roberta</u> <input type="checkbox"/> <u>Buesching</u> Title <u>Consultant</u> Organization <u>About Business, Inc</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>6483 S. Xenophon Street</u> City <u>Littleton</u> State <u>Colorado</u> ZIP Code + 4 <u>80127</u>	15.d. Amount <u>113,798</u> 15.e. Purpose <u>Persuader activities, direct employee communications, answered employee questions</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 187,547

Name of Person Filing: Paul Murray

File Number C- 00591

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: Padilla Industries, Inc	15.b. Trade Name, If any:
15.c. To Whom Paid Name Wanda <input type="checkbox"/> Padilla Title Consultant Organization Padilla Industries, Inc P.O. Box, Building and Room Number, if any Street 11 Cuerno de Vaca Drive City Santa Fe State New Mexico ZIP Code + 4 87507	15.d. Amount 4,021 15.e. Purpose Persuader activities, direct employee communications, answered employee questions

15.a. Employer Name: Allego Health	15.b. Trade Name, If any:
15.c. To Whom Paid Name Patricia <input type="checkbox"/> Lopez Title Consultant Organization Allego Health Inc P.O. Box, Building and Room Number, if any Street 35000 Curtis Blvd City Eastlake State Ohio ZIP Code + 4 44095	15.d. Amount 69,728 15.e. Purpose Persuader activities, direct employee communications, answered employee questions

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name <input type="checkbox"/> <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

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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)



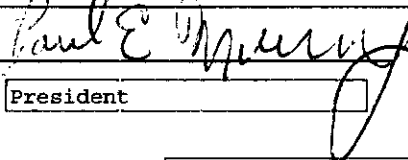
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-00591	2. Period Covered By This Report From: 01/01/2008 Through: 12/31/2008
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Paul 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 (if other title, see instructions)	Title Treasurer (if other title, see instructions)
On 03/20/2009 913-269-7042	On _____
Date Telephone Number	Date Telephone Number

Name of Person Filing: Paul Murray	File Number C- 00591
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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 Brookdale Senior Living

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

Trade Name

Street

6737 W. Washington Street # 2300

Attention To

Glen

☐ Maul

City

Milwaukee

Title

Senior VP Human Resources

State

Wisconsin

ZIP Code + 4

53214

5.b. Termination Date

5.c. Amount

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

Paul	<input type="checkbox"/>	Murray	<input type="checkbox"/>	0	<input type="checkbox"/>	0	9. Office and Administrative Expenses	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		10. Publicity	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		11. Fees for Professional Services	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		12. Loans Made	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		13. Other Disbursements	<input type="checkbox"/>
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:

Healthcare Strategies

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Marilyn

☐ Murray

Title

Consultant

Organization

Healthcare Strategies, LLC

15.d. Amount

7,532

15.e. Purpose

Persuader activities & direct employee communication following decertification filed by employer's employees

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

Street

7113 W 135th Street

City

Overland Park

State

Kansas

ZIP Code + 4

66213

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 7,532