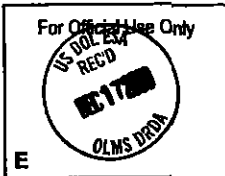


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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. 438 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

373844

1. File Number C- 0464	2. Period Covered By This Report From: 01/01/2007 Through: 12/31/2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: David J Burke Title: CEO/Chairman of the Board Organization: Labor Information Services, Inc. P.O. Box, Building and Room Number, if any: PO Box 6063 Street: City: Malibu State: California ZIP Code + 4: 90264	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: [Signature] Title: Other (Specify) CEO/Chairman of the Board On: 11/24/2008 310-589-5225 Date Telephone Number	18. Signed: [Signature] Title: Other (Specify) Office Manager On: 11/24/2008 310-589-5225 Date Telephone Number
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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 Jason <input type="checkbox"/> Rodriguez Title Associate 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 3,590 15.e. Purpose 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.

15.a. Employer Name: Citrus Valley Health Partners	15.b. Trade Name, if any:
15.c. To Whom Paid Name Jack <input type="checkbox"/> Bermudez Title Associate Organization Labor Information Services, Inc. P.O. Box, Building and Room Number, if any PO Box 6063 Street City Malibu State California ZIP Code + 4 90264	15.d. Amount 8,410 15.e. Purpose 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.

15.a. Employer Name: Citrus Valley Health Partners	15.b. Trade Name, if any:
15.c. To Whom Paid Name Wendy <input type="checkbox"/> Riddler Title Associate Organization Labor Information Services, Inc. P.O. Box, Building and Room Number, if any PO Box 6063 Street City Malibu State California ZIP Code + 4 90264	15.d. Amount 9,889 15.e. Purpose 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.