

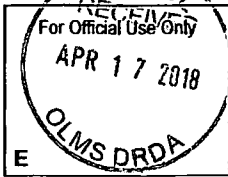
Revised

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

FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

675367

1. File Number C-00691	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2016		12 / 31 / 2016

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Carina</u> <u>Hunt</u> Title <u>President</u> Organization <u>C Hunt Management Consulting Inc</u> P.O. Box, Building and Room Number, if any Street <u>909 Champions Ct</u> City <u>Roanoke</u> State <u>Texas</u> ZIP Code + 4 <u>76262</u>	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)	18. Signed	Treasurer (If other title, see instructions)
Title <u>President</u>		Title <u>Treasurer</u>	
On <u>03 / 15 / 2017</u>	<u>714-310-4080</u>	On <u>03 / 15 / 2017</u>	<u>714-305-9495</u>
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Carina Hunt	File Number C- 00691
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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		P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To		City	
Title		State	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 163,321

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	
Carina Hunt	120,000	0	120,000	9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
		0	0	12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			120,000	14. Total Disbursements (Sum of Items 8-13) 120,000

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: Pottstown Medmorial Medical Center	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 32,073
Name Khanh Tran Title Consultant Organization P.O. Box, Building and Room Number, if any PO Box 1501 Street City Lake Forest State California ZIP Code + 4 92609	15.e. Purpose Engaged to communicate with employees regarding exercising their right to organize and bargain collectively.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 32,073	

Name of Person Filing: Carina Hunt		File Number C- 00691	
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 Pottstown Memorial Medical Center		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1600 E High Street	
Attention To: Rich Newel		City Pottstown	
Title		State Pennsylvania ZIP Code + 4 19464	
5.b. Termination Date 09-30-2016		5.c. Amount 57,517	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Farifax Behavioral Health		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 10200 NE 132nd Street	
Attention To: Ron Escarda		City Kirkland	
Title CEO		State Washington ZIP Code + 4 98034	
5.b. Termination Date 05-05-2016		5.c. Amount 40,637	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Spring Valley Hospital Medical Center		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 5400 S Rainbow Blvd	
Attention To: Leonard Freehoff		City Las Vegas	
Title CEO		State Nevada ZIP Code + 4 89118	
5.b. Termination Date 05-05-2016		5.c. Amount 26,091	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer The Arbour Hospital		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 49 Robinwood Lane	
Attention To: Gary Gilberti		City Jamaica Plains	
Title CEO		State Massachusetts ZIP Code + 4 02130	
5.b. Termination Date 08-01-2016		5.c. Amount 39,076	
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	