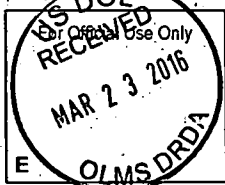


# FORM LM-21

## 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. 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

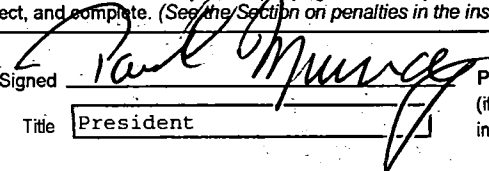
611939

1. File Number C- <input type="text"/> 66273	2. Period Covered By This Report From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2015 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2015
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name <input type="text"/> Paul <input type="text"/> Murray	Name <input type="text"/> <input type="text"/>
Title <input type="text"/> President	Title <input type="text"/>
Organization <input type="text"/> P.A.S. Consulting LLC	Organization <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/> Suite 341	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text"/> 13725 Metcalf	Street <input type="text"/>
City <input type="text"/> Overland Park	City <input type="text"/>
State <input type="text"/> Kansas ZIP Code + 4 <input type="text"/> 66223	State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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 Title <input type="text"/> President On <input type="text"/> 1 / <input type="text"/> 15 / <input type="text"/> 08 Telephone Number <input type="text"/> 913-269-7042	18. Signed _____ Treasurer Title <input type="text"/> Treasurer On <input type="text"/> / <input type="text"/> / <input type="text"/> Telephone Number <input type="text"/>
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Name of Person Filing: Paul Murray	File Number C- 66273
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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):

Employer: CCMC Community Hospital

Trade Name:

Attention To: Tony DiBartolo

Title: Director Human Resources

Mailing Address:

P.O. Box, Building and Room Number, if any: Suite 2300

Street: 1350 Edgemont Avenue

City: Chester

State: Pennsylvania ZIP Code + 4: 19103-3995

5.b. Termination Date: 2/20/2015

5.c. Amount: 49,682

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 49,682

**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 Murray	20,119		20,119	9. Office and Administrative Expenses 300
				10. Publicity
				11. Fees for Professional Services 1,503
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees: 20,119				14. Total Disbursements (Sum of Items 8-13) 21,922

**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: All About Business

15.b. Trade Name, if any:

15.c. To Whom Paid

Name: Robin Buesching

Title:

Organization: All About Business

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

Street: 6483 S. Xenophon Street

City: Littleton

State: Colorado ZIP Code + 4: 80127

15.d. Amount: 27,760

15.e. Purpose:

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 27,760