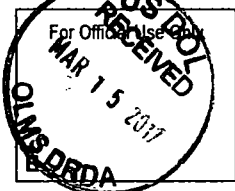


# FORM LM-21

## 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

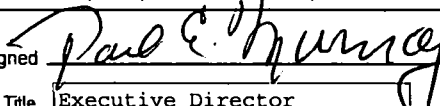
636672

1. File Number C- <input type="text"/>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through: Month/Day/Year (mm/dd/yyyy)
66773	From:	04 / 19 / 2016	12 / 30 / 2016

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Paul <input type="checkbox"/> Murray <input type="text"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> President <input type="text"/>	Name <input type="text"/> <input type="checkbox"/> <input type="text"/>
Organization <input type="text"/> JALLC, LLC <input type="text"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/> #341 <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 13725 Metcalf <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Overland Park <input type="text"/>	Street <input type="text"/>
State <input type="text"/> Kansas <input type="text"/> ZIP Code + 4 <input type="text"/> 66223 <input type="text"/>	City <input type="text"/>
	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"/> Executive Director <input type="text"/> (if other title, see instructions)	18. Signed _____ Treasurer Title <input type="text"/> Treasurer <input type="text"/> (If other title, see instructions)
On <input type="text"/> 3/17/2017 <input type="text"/> (913) 269-7042 Date Telephone Number	On <input type="text"/> 3/17/2017 <input type="text"/> Date Telephone Number

Name of Person Filing: Paul Murray	File Number C- 66773
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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	Via Christi Health, Inc	P.O. Box, Building and Room Number, if any	Human Resources Suite 1963
Trade Name		Street	848 North St. Francis
Attention To	Page <input type="checkbox"/> Bachman	City	Wichita
Title	Director Human Resources	State	Kansas
		ZIP Code + 4	67214-3800

5.b. Termination Date 12/30/2016 5.c. Amount 434,485

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 434,485

**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		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Office and Administrative Expenses	371
<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	1,980
<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	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	2,351

**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: About Business Inc	15.b. Trade Name, If any: 
15.c. To Whom Paid Name Roberta <input type="checkbox"/> Buesching Title Educator Organization About Business, Inc  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 136,818  15.e. Purpose Education with employees regarding union cards, election proces, union contracts, etc.; answered employee questions

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 315,372

**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.

<b>15.a. Employer Name:</b> Frank Barbera	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Frank <input type="checkbox"/> Barbera Title Organization  P.O. Box, Building and Room Number, if any Street 3308 Ariba Street City Las Vegas State Nevada ZIP Code + 4 89129	<b>15.d. Amount</b> 59,061  <b>15.e. Purpose</b> Education with employees regarding union cards, election proces, union contracts, etc.; answered employee questions
<b>15.a. Employer Name:</b> HMG	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Rita <input type="checkbox"/> Johnson Title Educator Organization  P.O. Box, Building and Room Number, if any Street 10320 Howe Lane City Leawood State Kansas ZIP Code + 4	<b>15.d. Amount</b> 10,791  <b>15.e. Purpose</b> Education with employees regarding union cards, election proces, union contracts, etc.; answered employee questions
<b>15.a. Employer Name:</b> Melinda Kendys	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Melinda <input type="checkbox"/> Kendys Title Educator Organization  P.O. Box, Building and Room Number, if any #102 Street 7394 S Alkine Street City Littleton State Colorado ZIP Code + 4 80127	<b>15.d. Amount</b> 71,022  <b>15.e. Purpose</b> Education with employees regarding union cards, election proces, union contracts, etc.; answered employee questions

Name of Person Filing: Paul Murray

File Number C-

66773

**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.

<b>15.a. Employer Name:</b> Trenton Stringer	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Trenton <input type="checkbox"/> Stringer Title Educator Organization  P.O. Box, Building and Room Number, if any Street 11924 Grandview St. City Overland Park State Kansas ZIP Code + 4 66213	<b>15.d. Amount</b> 16,394  <b>15.e. Purpose</b> Education with employees regarding union cards, election proces, union contracts, etc.; answered employee questions

<b>15.a. Employer Name:</b> Katie Esselman	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Katie <input type="checkbox"/> Esselman Title Educator Organization  P.O. Box, Building and Room Number, if any Street 2201 West 104th Terrace City Leawood State Kansas ZIP Code + 4 66206	<b>15.d. Amount</b> 21,286  <b>15.e. Purpose</b> Education with employees regarding union cards, election proces, union contracts, etc.; answered employee questions

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