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 10-31-2013

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)

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E 103 101 55 45 394	
1 . File Number C- 00591	2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy) (mm/dd/yyyy)
	By This Report
A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Paul Murray	Name
Title President	Title
Organization Healthcare Strategies, LLC	Organization
P.O. Box, Building and Room Number, if any #111 Street 7113 West 135th Street City Overland Park State Kansas ZIP Code + 4 66213	P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	
17. Signed Journal President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 03/03/2011 913-269-7042 Date Telephone Number	On Date Telephone Number

Name of Person Filing: Paul Murray										
B. Statement of Receipts Report all receipts from employers in connection with I or services.	abor relations advice or services regardless of the purpose	es of the advice								
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any	· ·								
Employer UPHS		OX, Salading the North Names (1)								
Trade Name	Street 1127 Penn Tower	1127 Penn Tower								
Attention To Patricia Wren	City Philadephia	Philadephia								
Title VP HR State Pennsylvania ZIP Code + 4 19104										
5.b. Termination Date 5.c. Amount 22,218										
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 131,729										
	rting 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) To	otals									
	Office and Administrative Expenses									
	10. Publicity									
	11. Fees for Professional Services									
	12. Loans Made									
	13. Other Disbursements									
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)									
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes desc	ribed in Part D of the								
15.a. Employer Name:	15.b. Trade Name, If any:									
About Business, Inc		7								
15.c. To Whom Paid	15.d. Amount 15, 057									
Name Patricia Buesching										
	15.e. Purpose									
Title Educator	persuader activities, direct employee communications, answered employee que									
Organization About Business, Inc										
P.O. Box, Building and Room Number, if any										
, - 3, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,										
Street 64893 S. Xenophon Street										
City Littleton										
State Colorado ZIP Code + 4 80127										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 77, 121										

Name of Person Filing: Paul Murray	File Number C- 00591
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Healthcare Strategies	15.b. Trade Name, If any:
15.c. To Whom Paid Name Francine Devine Title Educator Organization Healthcare Strategies	15.d. Amount 17,342 15.e. Purpose persuader activities, direct employee communications, answered employee questions
P.O. Box, Building and Room Number, if any Street 1371 Pinyon Pine Drive City Ladson State South Carolina ZIP Code + 4 29456	
15.a. Employer Name: About Business, Inc	15.b. Trade Name, If any:
15.c. To Whom Paid Name Robin Buesching Title Educator Organization	15.d. Amount 44,722 15.e. Purpose persuader activities, direct employee communications, answered employee questions
P.O. Box, Building and Room Number, if any Street 6483 S. Xenophon Street City Littelton State Colorado ZIP Code + 4 80127	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount

Name of Person Fil	ling: Paul Murray	У		File Number C- 00591			
B. Statement of F	Receipts Report all r		ers in connection v	vith labor relati	ons advice or services	s regardless of the purposes of th	e
5.a. Name and Add		cluding trade name, if	any).		Mailing Address:		
Me	rcy Philadelph	hia Hospital		P.O. Box, <u>E</u>	Bldg., Room No., if any		
	Tcy Filliadelpi	ira nospicar		Street EO	1 South 54th St	root	
Trade Name	[7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				.1660	
1	Kathryn	Conallen			ildelphia	ZIP Code + 4 19104	
Title				State [Pe	nnsylvania	211 Odde 1 4 [19104	
5.b. Termination Da	ate]	5.c. Amount	109,511		
5.a. Name and Add	fress of Employer (inc	cluding trade name, if	any).		Mailing Address: Bldg <u>., Room No., if any</u>		
Employer							
Trade Name				Street			
Attention To:]		City			
Title				State		ZIP Code + 4	
5.b. Termination D	ate			5.c. Amount			
5.a. Name and Add	dress of Employer (inc	cluding trade name, if	any).		Mailing Address:		
l			 -	P.O. Box, <u>E</u>	3lda., Room No., if any	<u>'</u>	
Employer				ᆜ 누			
Trade Name		77-77		Street			
Attention To:		<u> </u>		City			
Title				State		ZIP Code + 4	
5 to T			7	F - A			
5.b. Termination Da	ate [5.c. Amount			
<u></u>		cluding trade name, if	any).	N	Mailing Address:		
<u></u>		cluding trade name, if	any).	N			
5.a. Name and Add		cluding trade name, if	any).	N			
5.a. Name and Add		cluding trade name, if	any).	P.O. Box, E			
5.a. Name and Add Employer Trade Name		cluding trade name, if	any).	P.O. Box, E		ZIP Code + 4	
5.a. Name and Add Employer Trade Name [Attention To: [dress of Employer (inc	cluding trade name, if	any).	P.O. Box, E	3ldq., Room No., if any		
5.a. Name and Add Employer Trade Name Attention To: Title 5.b. Termination Di	dress of Employer (inc	cluding trade name, if a		P.O. Box, E Street City State 5.c. Amount	Bldg., Room No., if any	ZIP Code + 4	
5.a. Name and Add Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Add	dress of Employer (inc			P.O. Box, E Street City State 5.c. Amount	Bldg., Room No., if any	ZIP Code + 4	
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5.a. Name and Add Employer	ate		any).	P.O. Box, E Street City State 5.c. Amount P.O. Box, B Street City State 5.c. Amount	Bldg., Room No., if any	ZIP Code + 4	
5.a. Name and Add Employer	ate	cluding trade name, if a	any).	P.O. Box, E Street City State 5.c. Amount P.O. Box, B Street City State 5.c. Amount	Adding Address: Adding Address: Adda. Room No. if any	ZIP Code + 4	
5.a. Name and Add Employer Trade Name Attention To: Title 5.b. Termination Do 5.a. Name and Add Employer Trade Name Attention To: Title 5.b. Termination Do 5.a. Name and Add	ate	cluding trade name, if a	any).	P.O. Box, E Street City State 5.c. Amount P.O. Box, B Street City State 5.c. Amount	Adding Address: Adding Address: Adda. Room No. if any	ZIP Code + 4	
5.a. Name and Add Employer Trade Name Attention To: Title 5.b. Termination Date Employer Trade Name Attention To: Title 5.b. Termination Date Attention To: Title 5.b. Termination Date Employer Trade Name Attention To: Title	ate	cluding trade name, if a	any).	P.O. Box, E Street City State 5.c. Amount P.O. Box, B Street City State 5.c. Amount	Adding Address: Adding Address: Adda. Room No. if any	ZIP Code + 4	
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