

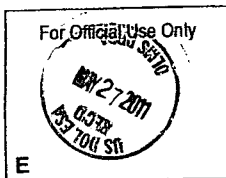
2010

# 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

460113

1. File Number C- <u>691</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) <u>01 / 01 / 2010</u>	Through:	Month/Day/Year (mm/dd/yyyy) <u>12 / 31 / 2010</u>
------------------------------	--	---	----------	---

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name Carina Hunt  
Title President  
Organization C. Hunt Management Consulting Inc  
P.O. Box, Building and Room Number, if any  
Street 701 Love Henry Court  
City Southlake  
State Texas ZIP Code + 4 76092

#### 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] President  
Title President (if other title, see instructions)

On 03 / 20 / 2011 714-310-4080  
Date Telephone Number

18. Signed \_\_\_\_\_ Treasurer  
Title Treasurer (if other title, see instructions)

On    /   /    \_\_\_\_\_  
Date Telephone Number

Name of Person Filing: Carina Hunt	File Number C-
------------------------------------	----------------

**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 Alle-Kiski Medical Center	Street 1301 Carlisle Center		
Attention To Ned Laubach	City Natrona Heights		
Title CEO	State Pennsylvania	ZIP Code + 4	15065

5.b. Termination Date 06/30/2010	5.c. Amount 24,000
----------------------------------	--------------------

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,000
---

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

**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:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
---