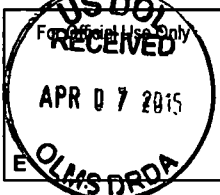


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

589546

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

1. File Number C-00691	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2014	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2014
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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: Carina Hunt	Name: Phillip Wilson
Title: President	Title: President
Organization: C Hunt Management Consulting, Inc.	Organization: LRI Consulting Services, Inc.
P.O. Box, Building and Room Number, if any 125	P.O. Box, Building and Room Number, if any suite E
Street: 821 E Dove Loop Road	Street: 7850 South Elm Place
City: Grapevine	City: Broken Arrow
State: Texas ZIP Code + 4: 76051	State: Oklahoma ZIP Code + 4: 74011

## 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] Title: President	18. Signed: _____ Title: Treasurer
On: 3/28/2015 Date	On: 4/1/2015 Date
714-310-4080 Telephone Number	_____ Telephone Number

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:

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

Employer Marin Transportation Systems

Trade Name

Street

7300 Clyde Park Ave SW

Attention To Richard

Dabney

City

Byron Center

Title

Director of Human Resources

State

MI

ZIP Code + 4

49315

5.b. Termination Date 01/15/2014

5.c. Amount 4,422

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 149,446

**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

					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:					14. Total Disbursements (Sum of Items 8-13)	

**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

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Carina Hunt		File Number C- 00691	
<b>B. Statement of Receipts</b> 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 Stahl Specialty Company	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 111 East Pacific Street		
Attention To: Courtney Wilkins	City Kingsville		
Title Human Resource Director	State Missouri	ZIP Code + 4	64061
5.b. Termination Date		5.c. Amount 13,578	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Vallourec Star LP	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 2669 Martin Luther King Jr Blvd		
Attention To: Trina E Cooper	City Youngstown		
Title VP Human Resources	State OH	ZIP Code + 4	44510
5.b. Termination Date 01/20/2014		5.c. Amount 40,623	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Carlisle Interconnect Technologies	P.O. Box, Bldg., Room No., if any	100	
Trade Name Tre-Star Electronics Inc.	Street 7411 South 118th Street		
Attention To: Jesse Correia	City Kent		
Title C.O.D.	State Washington	ZIP Code + 4	90245
5.b. Termination Date		5.c. Amount 34,602	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer GNP Company	P.O. Box, Bldg., Room No., if any	200	
Trade Name	Street 4150 Second Street		
Attention To: Steven Jurek	City St Cloud		
Title VP Human Resources(?)	State MN	ZIP Code + 4	56301
5.b. Termination Date		5.c. Amount 14,440	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sutter Health	P.O. Box, Bldg., Room No., if any	200	
Trade Name	Street 1200 Scenic Drive		
Attention To: Susan Donker	City Modesto		
Title	State CA	ZIP Code + 4	95350
5.b. Termination Date 07/01/2014		5.c. Amount 41,781	
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	