

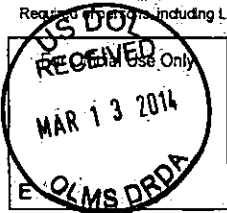
FORM LM-21

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 of 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.

544093

1. File Number, C: <u>65818</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through: Month/Day/Year (mm/dd/yyyy)
	From:	<u>01</u> / <u>01</u> / <u>2013</u>	<u>12</u> / <u>31</u> / <u>2013</u>

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	<u>Paul</u> <input type="checkbox"/> <u>Murray</u>
Title	<u>President</u>
Organization	<u>HLRET, LLC</u>
P.O. Box, Building and Room Number, if any	<u>Suite 111</u>
Street	<u>7113 135th Street</u>
City	<u>Overland Park</u>
State	<u>Kansas</u> ZIP Code + 4: <u>66213</u>
4. Any other address where records necessary to verify this report are kept:	
Name	<input type="checkbox"/> <input type="checkbox"/>
Title	<input type="checkbox"/>
Organization	<input type="checkbox"/>
P.O. Box, Building and Room Number, if any	<input type="checkbox"/>
Street	<input type="checkbox"/>
City	<input type="checkbox"/>
State	<input type="checkbox"/> ZIP Code + 4: <input type="checkbox"/>

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 <u>Paul E. Murray</u> President (if other title, see instructions) Title <u>President</u>	18. Signed _____ Treasurer (If other title, see instructions) Title <u>Treasurer</u>
On <u>3/3/2014</u> Date <u>913-269-7042</u> Telephone Number	On <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Date <input type="checkbox"/> Telephone Number

Name of Person Filing: Paul Murray	File Number C-
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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: TJUH Mailing Address: Gibson 2210

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

Attention To: Pam ☐ Teufel Street: 111 South 11th Street

Title: Chief Human Resources Officer City: Philadelphia

State: Pennsylvania ZIP Code + 4: 19107

5.b. Termination Date: 5.c. Amount: 259,035

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 259,035

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
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses:

10. Publicity:

11. Fees for Professional Services:

12. Loans Made:

13. Other Disbursements:

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: Interim HC, LLC

15.b. Trade Name, if any:

15.c. To Whom Paid:

Name: Robin ☐ Buesching

Title: Eductor

Organization: Interim HC, LLC

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: 85,786

15.e. Purpose:

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 152,597

Name of Person Filing: Paul Murray

File Number C-

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:

Alego Health

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Pat

Lopez

Title

Educator

Organization

Alego Health

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

P.O. Box 823473

Street

City

Philadelphia

State

Pennsylvania

ZIP Code +4

19182-3473

15.d. Amount

66,811

15.e. Purpose

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

15.e. Purpose

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

15.e. Purpose