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. Recomption of the 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) PECEIVED For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT FEB 1 4 2012 473654 Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00691 (mm/dd/yyyy) (mm/dd/yyyy) By This Report Through: /2011 01 / 2011 31 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 Name Wilson Phillip Hunt Carina Title Title President President Organization Labor Relations Institute Organization C Hunt Management Consulting Inc P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Е Street 701 Love Henry Ct Street 7850 South Elm Place Southlake City Broken Arrow City ZIP Code + 4 76092 State ZIP Code + 4 74011 Texas Oklahoma State **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). President 18. Signed Treasurer 17. Signed (If other title, see (if other title, see President Treasurer Title instructions) Title instructions)

On

2012

Date

714-310-4080

Telephone Number

Telephone Number

Date

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										
B. Statement of F	ece	or services.	n employers in	connecti	on with	labor relation	ans advice of service	es regardiess of	uie purpose	is 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 Mission Healthcare LLC										
Trade Name	Eve	ergreen Terrace				Street	2801 Pokegama Avenue South			
Attention To	Tor	n Bo	perboom]	City	Grand Rapids			
Title President					State	Minnesota		ZIP Code +	4 55744	
				····						
5.b. Termination	Date	12/22/2011]		5.c. Amount 14,567				
6. TOTAL RECEI	TS	FROM ALL EMPLOYERS	14,567							
C. Statement of I)isb	rsements Report all di	sbursements r	nade by t	he repo	orting organi	zation in connection	with labor relat	ions advice	or services rendered
7 Dichureomonte t	. ∩ffi	to the empto cers and Employees:	oyers listed in F	ап в.						
(a) Name) Oili	ers and Employees.	(b) Salary	(c) Expens	ses (d) 1	Totals				
							9. Office and Ad	lministrative Exp	enses	
							10. Publicity			
							11. Fees for Pro	fessional Servic	es	
	$\overline{\Pi}$						12. Loans Made			
	Ī						13. Other Disbur	rsements		
8. Total disbursen	ents	to officers and employees	:				14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of D	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:					
					L		······································			
15.c. To Whom Paid					15.d. Am	ount				
Name					15.e. Purpose					
Title										
Organization					 					
_						-				
P.O. Box, Build	ling a	and Room Number, if any								ļ
Street .										
Street										
City										
	State Washington ZIP Code + 4									

Hame of Person Filing: Carina Hunt File Number C- 00691				
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes 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 Durand Senior Care and Rehab Center				
Trade Name	Street 10503 Citation Drive			
Attention To Mike Hicks	City Brighton			
Title	State Michigan ZIP Code + 4 48116			
5.b. Termination Date 09/06/2011	5.c. Amount 8,553			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,553	1			
C. Statement of Disbursements Report all disbursements made by the repo	orting 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) T	rotals			
	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 Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount			
Name	15.e. Purpose			
Title				
Organization	1			
<u> </u>				
P.O. Box, Building and Room Number, if any				
Street				
City				
State Washington ZIP Code + 4				
16 TOTAL DISRURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Name of Person Filing: Carina Hunt	File Number C- 00691
B. Statement of Receipts Report all receipts from employers in connection or services.	with labor relations advice or services regardless of the purposes 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 Cooper Health systems	316
Trade Name Cooper University Hospital	Street Three Cooper Plaza
Attention To Gary Lesneski	City Camden
Title	State New Jersey ZIP Code + 4 08103
5.b. Termination Date 04/29/2011	5.c. Amount 33,314
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 33,314	
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	reporting organization in connection with labor relations advice or services rendered
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 Sch instructions.	edule to report only disbursements made for the purposes described in Part D of the
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 DISBLIDSEMENTS FOR ALL DEPORTABLE ACTIVITY	

Name of Person Filing:	Carina Hunt			u	File Numb	er C - 00691	
B. Statement of Recei	ipts Report all receipts from or services.	ı employers i	n connection wi	ith labor rela	tions advice or services regard	ess of the purpos	es of the advice
	of Employer (including trade na	me, if any).		P.O. Bo	Mailing Address: x, Building and Room Number, if	any	ļ
Employer Bob's Trade Name Attention To Bob	s Discount Furnitu	re		Street City	428 Tolland Turnpike	=	
Title) Da	wiey		State	Connecticut	ZIP Code	+4 06040
5.b. Termination Date	11/21/11			5.c. Am	ount 19,602		
6. TOTAL RECEIPTS	FROM ALL EMPLOYERS	19,602					
C. Statement of Disbu 7. Disbursements to Official Name	to the employ	sbursements yers listed in (b) Salary	made by the re Part B.		nization in connection with labo	r relations advice	or services rendered
			1		9. Office and Administrativ	ve 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:	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					

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8. Total disbursements to officers and employees: