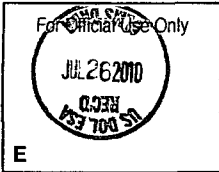


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

432437

1. File Number C-661	2. Period Covered By This Report From: 1/1/2009 Through: 12/31/2009
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Jill Cortis
Title	President
Organization	Paint Creek Group, Inc.
P.O. Box, Building and Room Number, if any	P.O. Box 9
Street	
City	Lake Orion
State	Michigan ZIP Code + 4 48362
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	2340 Indianwood Rd
City	Lake Orion
State	MI ZIP Code + 4 48362

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	Jill E Cortis	President	(if other title, see instructions)	18. Signed	Jill E Cortis	Treasurer	(if other title, see instructions)
Title	President			Title	Other (Specify)		
On	5/27/2010	248-310-4626	Telephone Number	On	5/27/2010	248-310-4626	Telephone Number

Name of Person Filing:	File Number C- 621
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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). Mailing Address:

Employer <u>Rady Children's Hospital San Diego</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street <u>3020 Children's Way</u>
Attention To <u>Angela</u> <u>Vieira</u>	City <u>San Diego</u>
Title <u>Legal Council</u>	State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>92123</u>

5.b. Termination Date March 31, 2009 5.c. Amount 247780.90

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 247780.90

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
Jill Cortis	130410.27	0	0

8. Total disbursements to officers and employees: \$130410.27

9. Office and Administrative Expenses	0
10. Publicity	0
11. Fees for Professional Services	0
12. Loans Made	0
13. Other Disbursements	0
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: Rady Children's Hospital San Diego

15.b. Trade Name, If any:

15.c. To Whom Paid

Name <u>Bienvenido</u> <u>Rabano</u> Title Organization P.O. Box, Building and Room Number, if any Street <u>6801 Rook Drive</u> City <u>Huntington Beach</u> State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>92647</u>	15.d. Amount <u>\$25353.31</u> 15.e. Purpose <u>To persuade employees to exercise or not to exercise, or to persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing</u>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

File Number C- 661

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: Rady Children's Hospital San Diego	15.b. Trade Name, If any:
15.c. To Whom Paid Name Versala Parish Title Organization P.O. Box, Building and Room Number, if any Street 28920 Cullen Dr. City Romulus State Michigan ZIP Code + 4 48174	15.d. Amount \$26,722.57 15.e. Purpose To persuade employees to exercise or not to exercise, or to persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing

15.a. Employer Name: Rady Children's Hospital San Diego	15.b. Trade Name, If any:
15.c. To Whom Paid Name Roberta Buesching Title Organization About Business, Inc. P.O. Box, Building and Room Number, if any Street 6483 S Xenophon St. City Littleton State Colorado ZIP Code + 4 80127-4812	15.d. Amount \$33,456.01 15.e. Purpose To persuade employees to exercise or not to exercise, or to persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing

15.a. Employer Name: Rady Children's Hospital San Diego	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ernesto Zuniga Title Organization P.O. Box, Building and Room Number, if any Street 7037 Lanto Street City Commerce State California ZIP Code + 4	15.d. Amount \$31,838.74 15.e. Purpose To persuade employees to exercise or not to exercise, or to persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing