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: 08-31-2016

This report is mandatory under P.L. 86-257, as amended. Failure to compty 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)

<del>- (18 b).</del>	ar secuon 203(o) or the Labor-Management Readons and Disclosure Act of 1959, 83 amended. (LMMDA)							
for Official Lise Down	LLY BEFORE PREPARING THIS REPORT							
S53424								
1 . File Number C- 00691	2. Period Covered By This Report From:  Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy)							
A. Person Filing								
Name and mailing address (Include ZIP Code):	Any other address where records necessary to verify this report are kept:							
Name Carina Hunt	Name							
Title President	Title							
Organization C HUnt Management Consulting Inc	Organization							
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any							
Street 285 E Dove Road	Street							
City southlake	City							
State Texas ZIP Code + 4 76092	State ZIP Code + 4							
Signa	atures							
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 President (if other title, see instructions)	18. Signed Treasurer  (If other title, see instructions)							
On 03 / 27 / 2013 714-310-4080 Telephone Number	On Date Telephone Number							

Name of Person Filing: Carina Hunt	File Number C- 00691
B. Statement of Receipts Report all receipts from employers in connection or services.	n 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).	Malling Address:
Employer	P.O. Box, Building and Room Number, if any
Trade Name	Street
Attention To	City
T-1	
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 67,820	
	· · · · · · · · · · · · · · · · · · ·
C. Statement of Disbursements Report all disbursements made by the to the employers listed in Part B.	e reporting organization in connection with labor relations advice or services rendered
7. Disbursements to Officers and Employees:	
(a) Name (b) Salary (c) Expense	ss (d) Totals
	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. D. Lataba of Distriction of the December of the Control of the	
D. Schedule of Disbursements for Reportable Activity Use this So instructions	chedule to report only disbursements made for the purposes described in Part D of the s.
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	
	15.e. Purpose
Title	<u>1  </u>
Organization	
P.O. Box, Building and Room Number, if any	
Short	
Street	
City	
State Washington ZIP Code + 4	<b></b>

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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person F	Person Filling: Carina Hunt					File Number C- 00691			
B. Statement of	Receipts Report all re advice or service		yers in connection	n with labor r	relations advice o	r services regardle	ess of the purpose	s of the	
5.a. Name and Ad	dress of Employer (incl		if any).		Mailing Addres		<u> </u>	-	
	P.O. Box, Bldg., Room No., if any Eastridge Helath Systems								
	Btridge Helath	Systems							
Trade Name	<u></u>	<del></del>		Street					
Attention To:	Paul	Macom.		City	Martinsburg				
Title	CEO	<del></del>		State	West Virgin	ia`	ZIP Code + 4 2	5401	
5.b. Termination D	ate 11/2013	<u> </u>		5.с. Агис	ount 30,495				
5.a. Name and Ad	dress of Employer (incl	luding trade name,	if any).	90.0	Mailing Addres				
Employer Ma	rtin Transpota	tion Systems	·		ox, Bidg., Room N	io., ii any		<del></del> -]	
Trade Name		<del></del>		Street	7300 Clyde	Park Ave SW		_	
Attention To:	Richard	Dabney		City	Byron Cente		7		
Title	Vice President	<del></del>	gources	State	Michigan	<u></u>	ZiP Code + 4 4	9315	
5.b. Termination D				J 5.0 Am	ount 6,950				
<del></del>				3,C. All					
5.a. Name and Ad	dress of Employer (incl	luding trade name.	if any).	P O B	Mailing Address ox. Bldg., Room N	× v			
Emoloves Tr	ombly Motor Coa	ach			190	YO. II BIIV	-	$\neg$	
Trade Name				 Street			<del></del>	=	
	John	McCarthy			Ding grift	<u> </u>	j		
	<u> </u>	Mecarchy		City	Dracut		J Janoona ka⊏		
Tide	President			State	Massachuset	ts	ZIP Code + 4 0	1826	
5.b. Termination D	ate 12/2013			5.c. Ame	ount 4,353				
5.a. Name and Ad	dress of Employer (incl	luding trade name,	if any).	P∩·R	Mailing Addres				
Employer Tw	in Rivers Senio	or Campus			Diog., 100m /	O., II BILY			
Trade Name		<del></del>		Street	900 Main St	reet West		Ħ	
Attention To:	Timothy	Brennan	<del></del>	City	Cannon Fall		7		
Title		Dieterniert		1			_ ZIP Code + 4 5		
	CEO			) 0.0.0	Minnesota		211 0000 1 4[5]	5009	
5.b. Termination D	Oste 10/2013			5.c. Am	ount 26,022			<u></u>	
5.a. Name and Ad	dress of Employer (incl	luding trade name,	if any).		Mailing Addres				
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Employer L			<del></del>				<del></del>		
Trade Name		<del></del>	<del></del>	Street	<u> </u>		<del></del>	المراجع المست	
Attention To:			<u> </u>	— ← City		<del>- •</del>	]	<u> </u>	
Title				State	<u> </u>		ZIP Code + 4		
5.b. Termination D	Date			5.c. Am	ount 0			•	
5.a. Name and Ad	dress of Employer (incl	luding trade name,	if any).	PO B	Mailing Addres				
Employer.					NOW PAINTY I JONES IN	MAJIMIT.			
Trade Name		<u></u>		Street		<del>.</del>		=	
Attention To:				City			7		
Title				State			_ ☐ZIP Code + 4.		
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5.b. Termination D	Date	· · · ·		5.c. Am	ount 0	_	•		

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