

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.

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

457701								
1 . File Number C- 6-9-/	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Through: 12/31/2010							
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 701 Love Henry Court	Street							
City Southlake	City							
State Texas ZIP Code + 4 76092	State ZIP Code + 4							
	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 / 20 / 2011 714-310-4080 Telephone Number	On Date Telephone Number							

		File Number C-						
Name of Person Filing: Carina Hunt				File Number C-				
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	uilding and Room	Number, if any						
		Street 71 Haynes Street						
Trade Name Manchester Memorial Hospital			71 hayres serece					
Attention To Debra Gogliettino		<u> </u>						
Title Vice President of Human Resource	25	State Co	ZIP Code + 4 06040					
5.b. Termination Date 04/15/2010		5.c. Amount	57,750					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 57,750								
C. Statement of Disbursements Report all disbursements made	te by the repo	rtina organiza	ation in connection	n with labor relations adv	rice or	services rendered		
to the employers listed in Part		, ting 0, gan	anon in comme	W W W W W W W W W W W W W W W W W W W	100 -	00111000 12		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) E	Expenses (d) To	otals						
(a) Name (b) County (c)	0	0	 		\top			
			10. Publicity		+			
			11. Fees for Professional Services		\top			
			12. Loans Made		\top			
			13. Other Disbursements					
8. Total disbursements to officers and employees:		0	14. Total Disbursements (Sum of Items 8-13)		3)	0		
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the								
	tructions.	e to report on	lly dispuisement	made for the purposes of	lescii.)ed in Part D of the		
15.a. Employer Name: 15.b. Trade Name, If any:								
]		
15.c. To Whom Paid	15.c. To Whom Paid							
Name -								
Title	13.E. Fulpose							
		.				1		
Organization	J							
D.O. Pov. Ruilding and Room Number, if any								
P.O. Box, Building and Room Number, if any								
Street	า์ า							
City	ــ							
State Washington ZIP Code + 4								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								
10. TO TAL DISBUNGEIVICINTS FOR ALL REPORTABLE AUTIVITY								

Form LM-21 (2003)