

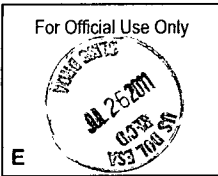
FORM LM-21

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

464135

1. File Number C- <u>691</u>	2. Period Covered By This Report From: <u>07</u> / <u>01</u> / <u>2007</u> Through: <u>12</u> / <u>31</u> / <u>2007</u>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Carina Hunt
Title President
Organization C. Hunt Management Consulting Inc
P.O. Box, Building and Room Number, if any

Street 701 Loe Henry Court
City Southlake
State Texas ZIP Code + 4 76092

4. Any other address where records necessary to verify this report are kept:

Name Mary Yarbrough
Title President
Organization Educational Services
P.O. Box, Building and Room Number, if any
10682
Street
City Zephyr Cove
State Nevada ZIP Code + 4 89448

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 [Signature] President
(if other title, see instructions)
Title President

On 07/18/2011 714-310-4080
Date Telephone Number

18. Signed _____ Treasurer
(if other title, see instructions)
Title Treasurer

On / /
Date Telephone Number

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:

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

Employer Exempla Lutheran Medical Center

Trade Name

Street

8500 W. 38th Ave

Attention To Scott

Day

City

Wheat Ridge

Title

State

Colorado



ZIP Code + 4

5.b. Termination Date 08/01/2007

5.c. Amount 100

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 100

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

					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 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

Title

Organization

15.e. Purpose

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

Street

City

State Washington



ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY