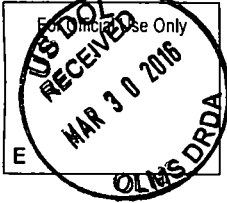


FORM LM-21

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 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

6/8/99

1. File Number C- <u>673</u>	2. Period Covered By This Report From: <u>9/6/2015</u> Through: <u>12/31/2015</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Roberta C Buesching</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name _____
Organization <u>Abont Business, INC</u>	Title _____
P.O. Box, Building and Room Number, if any _____	Organization _____
Street <u>6483 S. Xenophon St</u>	P.O. Box, Building and Room Number, if any _____
City <u>Littleton</u>	Street _____
State <u>CO</u> ZIP Code + 4 <u>80127</u>	City _____
	State _____ ZIP Code + 4 _____

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 <u>Roberta Buesching</u>	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title <u>President</u>		Title <u>Treasurer</u>	
On <u>5/31/2016</u>	Date	On <u>1/1</u>	Date
<u>720-838-7322</u>	Telephone Number		Telephone Number

Name of Person Filing: <u>Robert A Buesching</u>	File Number C- <u>673</u>
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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>Orlando Health</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street <u>14 Kubl Ave MP3</u>
Attention To <u>Michelle Radcliff</u>	City <u>Orlando</u>
Title <u>Corporate Director of HR</u>	State <u>Florida</u> ZIP Code + 4 <u>32806</u>

5.b. Termination Date 12/31/2015 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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
<u>Robert A Buesching</u>	<u>67,736.64</u>	<u>15,493.17</u>	<u>83,229.79</u>

8. Total disbursements to officers and employees:	9. Office and Administrative 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: <u>About Business, JNC</u>	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount <u>83,229.79</u>
Name <u>Robert A Buesching</u>	15.e. Purpose
Title <u>President</u>	<u>To Educate employees of their legal rights under NLRA. Persuade employees to exercise their rights to organize and bargain collectively through representatives of their own choice</u>
Organization <u>About Business, JNC</u>	
P.O. Box, Building and Room Number, if any	
Street <u>6483 S Xenophon St</u>	
City <u>Littleton</u>	
State <u>Washington Co</u> ZIP Code + 4 <u>80127</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>\$ 83,229.79</u>	