

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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 (a) (4)(i).
Required of persons including Labor Relations Consultants and Other Individuals and Organizations. Information from 29 U.S.C. 439 (a) (4)(i) and Labor Management Receipts and Disbursements Act of 1954, as amended, 29 U.S.C. 439 (a) (4)(i).

For Official Use Only

NO. 400

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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393 916

1. File Number C- 00591	2. Period Covered By This Report From	Month/Day/Year 01 / 01 / 2008	Through	Month/Day/Year 12 / 31 / 2008
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A. Person Filing

3. Name and mailing address (include ZIP Code)

Name Paul Murray

Title President

Organization Healthcare Strategies, LLC

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

Street 7113 West 135th Street # 111

City Overland Park

State Kansas

ZIP Code + 4 66213

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

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 _____ President
Title President (if other title, see instructions)

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

On 01 / 01 / 2008, 913-269-7042
Date Telephone Number

On / /
Date Telephone Number

Name of Person Filing. Paul Murray	File Number C- CC591
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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 UPHS	P.O. Box, Building and Room Number, if any
Trade Name	Street 1127 Penn Tower
Attention To Patricia Wren	City Philadelphia
Title VP Human Resources	State Pennsylvania ZIP Code + 4 19104
5.b. Termination Date	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		
Paul Murray	55,255		55,255	9. Office and Administrative Expenses	
				10. Publicity	
		0	0	11. Fees for Professional Services	
		0	0	12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			55,255	14. Total Disbursements (Sum of Items 8-13)	55,255

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: About Business, Inc	15.b. Trade Name, if any:	
15.c. To Whom Paid	15.d. Amount 175,075	
Name Roberta Buesching	15.e. Purpose	
Title Consultant	Persuader activities, direct employee	
Organization About Business, Inc	communications, answered employee questions	
P.O. Box, Building and Room Number, if any		
Street 6483 S. Xenophon Street		
City Littleton		
State Colorado ZIP Code + 4 80127		
16 TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 288,534		

Name of Person Filing: Paul Murray	File Number C- 00591
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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.
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15.a. Employer Name: Padilla Industries, Inc	15.b. Trade Name, If any:
15.c. To Whom Paid Name Wanda Padilla Title Consultant Organization Padilla Industries, Inc P.O. Box, Building and Room Number, if any Street 11 Cuerno de Vaca Drive City Santa Fe State New Mexico ZIP Code + 4 87507	15.d. Amount 6,185 15.e. Purpose Persuader activities,direct employee communciations,answered employee questions

15.a. Employer Name Allego Health	15.b. Trade Name, If any:
15.c. To Whom Paid Name Patricia Lopez Title Consultant Organization Alego Health Inc P.O. Box, Building and Room Number, if any Street 35000 Curtis Blvd City Eastlake State Ohio ZIP Code + 4 44095	15.d. Amount 107,274 15.e. Purpose Persuader activities,direct employee communciations,answered employee questions

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose