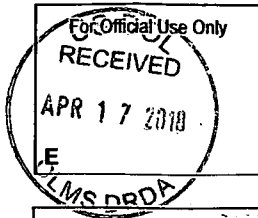


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

675 369

1. File Number C- 0069	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2017		12 / 31 / 2017

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. 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 909 Champions Ct	Street
City Roanoke	City
State Texas ZIP Code + 4 76262	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 (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title President		Title Vice President Finance	
On 03 / 01 / 2018	714-310-4080	On 03 / 01 / 2018	714-305-9495
Date	Telephone Number	Date	Telephone Number

Name of Person Filing:	File Number C- 0069
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Valley Hospital Medical Center Trade Name Attention To Elaine Glaser Title CEO	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street 620 Shadow Lane City Las Vegas State Nevada ZIP Code + 4 89106
<b>5.b. Termination Date</b> 03/01/2017 <b>5.c. Amount</b> 69,207.91	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Carina Hunt	84,000	0	84,000	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
<b>8. Total disbursements to officers and employees:</b>			84,000	<b>14. Total Disbursements (Sum of Items 8-13)</b>	84,000

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b> Radnet Inc.	<b>15.b. Trade Name, If any:</b> 	
<b>15.c. To Whom Paid</b>  Name Khanh Tran Title Consultant Organization  P.O. Box, Building and Room Number, if any 1501 Street City Lake Forest State California ZIP Code + 4 92609	<b>15.d. Amount</b> 13,960  <b>15.e. Purpose</b> To educate employees regarding their section 7 rights and collective bargaining	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b> 37,182		

Name of Person Filing:		File Number C- 0069	
<b>B. Statement of Receipts</b> 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 Corecare Systems, Inc Trade Name dba Kirkbride Center Attention To: Rose DiOttavio Title		P.O. Box, Bldg., Room No., if any  Street 111 N. 49th Street City Philadelphia State Pennsylvania ZIP Code + 4 19139	
5.b. Termination Date 09/18/2017		5.c. Amount 31,201	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Radnet Inc. Trade Name Attention To: Ruth Wilaon Title VPHR		P.O. Box, Bldg., Room No., if any  Street 1510 Cotner Avenue City Los Angeles State California ZIP Code + 4 90025	
5.b. Termination Date 12/15/2017		5.c. Amount 141,547	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Trade Name Attention To: Title		P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Trade Name Attention To: Title		P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Trade Name Attention To: Title		P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Trade Name Attention To: Title		P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing:

File Number C- 0069

**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: Radnet Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Marla Bardi Title Consultant Organization  P.O. Box, Building and Room Number, if any  Street 5431 Sussex Ln City Sarasota State Florida ZIP Code + 4 34233	15.d. Amount 10,577  15.e. Purpose To educate employees regarding their section 7 rights and collective bargaining

15.a. Employer Name: Radnet Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Windi Reyes Title Consultant Organization  P.O. Box, Building and Room Number, if any  Street 20741 Knob Place City Perris State California ZIP Code + 4 92470	15.d. Amount 12,645  15.e. Purpose To educate employees regarding their section 7 rights and collective bargaining

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 0  15.e. Purpose