

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

636670

1. File Number C- <input type="text"/>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
66992	From:	04/19/2016		07/13/2016

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Paul <input type="checkbox"/> Murray <input type="text"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> President <input type="text"/>	Name <input type="text"/> <input type="checkbox"/> <input type="text"/>
Organization <input type="text"/> NU, LLC <input type="text"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/> #341 <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 13725 Metcalf <input type="text"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Overland Park <input type="text"/>	Street <input type="text"/>
State <input type="text"/> Kansas <input type="text"/> ZIP Code + 4 <input type="text"/> 66223 <input type="text"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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>Paul E. Murray</u> President Title <input type="text"/> President <input type="text"/> On <input type="text"/> 07/13/2016 <input type="text"/> (913) 269-7042 <input type="text"/> Date Telephone Number	18. Signed _____ Treasurer Title <input type="text"/> Treasurer <input type="text"/> On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: Paul Murray	File Number C- 66992
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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 <input type="text" value="St. John Hospital & Medical Center"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="22101 Moross Road"/>
Attention To <input type="text" value="Joanne"/> <input type="checkbox"/> <input type="text" value="Tuscany"/>	City <input type="text" value="Detroit"/>
Title <input type="text" value="Director Human Resources"/>	State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48236"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 304,037

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 <input type="checkbox"/> Murray <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses	<input type="text" value="305"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text" value="1,749"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<input type="text" value="2,054"/>

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.

<p>15.a. Employer Name: <input type="text" value="About Business Inc"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p>
<p>15.c. To Whom Paid</p> <p>Name <input type="text" value="Roberta"/> <input type="checkbox"/> <input type="text" value="Buesching"/></p> <p>Title <input type="text" value="Educator"/></p> <p>Organization <input type="text" value="About Business, Inc"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text" value="6483 S. Xenophon Street"/></p> <p>City <input type="text" value="Littleton"/></p> <p>State <input type="text" value="Colorado"/> ZIP Code + 4 <input type="text" value="80127"/></p>	<p>15.d. Amount <input type="text" value="99,352"/></p> <p>15.e. Purpose</p> <p>Education with employees regarding union cards, election proces, union contracts, etc.; answered employee questions</p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 176,422

Name of Person Filing: Paul Murray

File Number C- 66992

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: Frank Barbera	15.b. Trade Name, If any:
15.c. To Whom Paid Name Frank <input type="checkbox"/> Barbera Title Organization P.O. Box, Building and Room Number, if any Street 3308 Ariba Street City Las Vegas State Nevada ZIP Code + 4 89129	15.d. Amount 77,070 15.e. Purpose Education with employees regarding union cards, election proces, union contracts, etc.; answered employee questions

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

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