

# 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 receiving 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

467562

1. File Number C- 603	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2007	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2007
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Mary Yarbrough  Title President  Organization Educational Services  P.O. Box, Building and Room Number, if any P.O. Box 10682  Street  City Zephyr Cove  State Nevada <input checked="" type="checkbox"/> ZIP Code + 4 89448	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 <input checked="" type="checkbox"/> 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>Mary Yarbrough</u> Title <u>President</u> <input checked="" type="checkbox"/>	President (if other title, see instructions)	18. Signed <u>J. L. L.</u> Title <u>Bookkeeper</u> <input checked="" type="checkbox"/>	Treasurer (if other title, see instructions)
On <u>8/31/11</u> Date	<u>7607152321</u> Telephone Number	On <u>8/10/2011</u> Date	<u>858-246-6522</u> Telephone Number

Name of Person Filing: Mary Yarbrough	File Number C- 603
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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.	
5.a. Name and Address of Employer (including trade name, if any):  Employer Exempla Lutheran Medical Center Trade Name Attention To Scott Day Title	Mailing Address: P.O. Box, Building and Room Number, if any  Street 8500 W. 38th Avenue City Wheat Ridge State Colorado ZIP Code + 4 80033
5.b. Termination Date Ongoing	5.c. Amount 16441
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 16441	

<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.					
7. Disbursements to Officers and Employees:					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Gabrielle Yarbrough	16411	0	16411	9. Office and Administrative Expenses	0
				10. Publicity	0
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			16411	14. Total Disbursements (Sum of Items 8-13)	16411

<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.
15.a. Employer Name: Exempla Lutheran Medical Center	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Carina Hunt Title Consultant Organization C. Hunt Management Consulting  P.O. Box, Building and Room Number, if any P.O. Box 92266 Street City Southlake State Texas ZIP Code + 4 76092	15.d. Amount 100  15.e. Purpose To educate employees regarding their Section 7 rights.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 100		