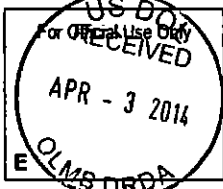


FORM LM-21

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

553424

1. File Number C- 00691	2. Period Covered By This Report From: 01/01/13 Through: 12/31/13
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A. Person Filing	
3. Name and mailing address (Include ZIP Code): Name: Carina Hunt Title: President Organization: C Hunt Management Consulting Inc P.O. Box, Building and Room Number, if any: Street: 285 E Dove Road City: southlake State: Texas ZIP Code + 4: 76092	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: [Signature] Title: President On: 03/27/2013 Telephone Number: 714-310-4080	18. Signed: _____ Title: Treasurer On: _____ Telephone Number: _____
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Name of Person Filing: Carina Hunt

File Number C- 00691

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

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

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 67,820

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

					9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:					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:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount

Name

15.e. Purpose

Title

Organization

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

Street

City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Carina Hunt		File Number C-00691	
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: Eastridge Helath Systems	P.O. Box, Bldg., Room No., if any		
Trade Name	Street: 235 S Water Street		
Attention To: Paul Macom	City: Martinsburg		
Title: CEO	State: West Virginia		ZIP Code + 4: 25401
5.b. Termination Date: 11/2013		5.c. Amount: 30,495	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Martin Transpotation Systems	P.O. Box, Bldg., Room No., if any		
Trade Name	Street: 7300 Clyde Park Ave SW		
Attention To: Richard Dabney	City: Byron Center		
Title: Vice President of Human Resources	State: Michigan		ZIP Code + 4: 49315
5.b. Termination Date: 12/2013		5.c. Amount: 6,950	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Trombly Motor Coach	P.O. Box, Bldg., Room No., if any: 190		
Trade Name	Street		
Attention To: John McCarthy	City: Dracut		
Title: President	State: Massachusetts		ZIP Code + 4: 01826
5.b. Termination Date: 12/2013		5.c. Amount: 4,353	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Twin Rivers Senior Campus	P.O. Box, Bldg., Room No., if any		
Trade Name	Street: 900 Main Street West		
Attention To: Timothy Brennan	City: Cannon Falls		
Title: CEO	State: Minnesota		ZIP Code + 4: 55009
5.b. Termination Date: 10/2013		5.c. Amount: 26,022	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To	City		
Title	State		ZIP Code + 4
5.b. Termination Date		5.c. Amount: 0	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To	City		
Title	State		ZIP Code + 4
5.b. Termination Date		5.c. Amount: 0	