

FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

551586

1. File Number C- 673

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

2/3/2011

Through:

Month/Day/Year
(mm/dd/yyyy)

3/9/11

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Robert A Buesching

Title President

Organization Abroad Business, Inc

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

Street 6463 S. Xenophon St

City Littleton

State CO ZIP Code + 4 80127

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

Robert A. Buesching

Title President

President
(if other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(if other title, see
instructions)

On

3/23/2014

Date

720-838-7322

Telephone Number

On

3/9/11

Date

Telephone Number

N/A - Same

Name of Person Filing:

Bounta Buesching

File Number C-

623

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:

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

Employer John Muir Hospital

Trade Name

Street 1601 Ygnacio Valley Road

Attention To Alice Villaneuva

City Walnut Creek

Title HR

State California ZIP Code + 4 94598

5.b. Termination Date

3/14/11

5.c. Amount

41,800

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

					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:

John Muir Hospital

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Roberta Buesching

Title President

Organization About Business, INC

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

Street 6483 S. Xenophon St

City Littleton

State Washington Colorado ZIP Code + 4 80127

15.d. Amount 41,800

15.e. Purpose

Conduct training for employees on their Section 7 rights under NLRB Topics included; NLRB election process, collective bargaining company benefits + procedures

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

41,800