U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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** 

588766

1 . File Number C-[66082	2. Period Covered By This Report From: O6 / O1 / 2014 Through: Month/Day/Year (mm/ddyyyy)  Month/Day/Year (mm/ddyyyy)  Through: Month/Day/Year (mm/ddyyyy)  Month/Day/Year (mm/ddyyyy)  Through: 08 / 31 / 2014					
A. Person Filing						
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:					
Name Paul E Murray	Name					
Title President	Title					
Organization PT&E, LLC	Organization					
P.O. Box, Building and Room Number, if any #111 Street 7113 West 135th Street City Overland Park	P.O. Box, Building and Room Number, if any  Street  City					
State Kansas ZIP Code + 4 66213	State ZIP Code + 4					
Signa	ntures					
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ies of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,					
17. Signed Paule Muray President (if other title, see instructions)	18. Signed Treasurer  Title Treasurer (If other title, see instructions)					
On 3/36/205 913-269-7042  Date Telephone Number	On Date Telephone Number					
Date . relephone Number	Date Telephone Number					

Name of Person Filing: Paul Murray File Number C-								
<u></u>								
B. Statement of R		pts Report all receipts from or services.	n employers in	connection	with labor relati	ons advice or ser	vices regardless of the purpos	es of the advice
5.a. Name and Addre	ess of	Employer (including trade na	ıme, if any).		P.O. Box.	Mailing Address:		-
Employer Seton Manor, Inc					P.O. Box, Building and Room Number, if any			
Trade Name					Street			
Attention To	Mic	hael Gr	ove		City			<del></del>
Title	Adm	inistrator			State [		ZIP Code	+ 4
5.b. Termination [	Date	8/31/14	·		5.c. Amoi	ınt 35,144		
6. TOTAL RECEIP	TS F	ROM ALL EMPLOYERS	94,658					
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C. Statement of D	isbu		sbursements r yers listed in F		reporting organ	ization in connect	ion with labor relations advice	or services rendered
7. Disbursements to	Offic	ers and Employees:	•					•,
(a) Name	1011		(b) Salary	(c) Expenses	<del></del>	-1		
Paul		Murray	14,600		₹		Administrative Expenses	
Paul		Murray	24,504		24,50	4 10. Publicity		
	Ш			<u></u>	의		Professional Services	
			<u> </u>		<u> </u>	0 12. Loans Ma	de	
	<u>الــاا</u>	•		<u> </u>	의	0 13. Other Dis		0
8. Total disbursem	ents	to officers and employees	:		39,10	4 14. Total Disbu	rsements (Sum of Items 8-13)	39,104
D. Schedule of D	iehin	rsements for Reportable	Activity	lica thic Sci	adula ta rapart	only dichursomer	its made for the purposes des	cribed in Part D of the
D. Schedule of D		Sements for Reportable		instructions.	ledule to report	only disbursemen	its made for the purposes des	Cribed in Valid Dior the
15.a. Employer Na	ame:				15.b. Tra	de Name, If any:		
Seton Ma	nor				]   [	14.		
15.c. To Whom Pa	id ·				15.d. Am	ount 19,544	,	
Name R	obi	n Bue	sching		·		· · · · · · · · · · · · · · · · · · ·	
15.e. Purpose						· · · · · · · · · · · · · · · · · · ·		
Title Educate voters								
Organization A	11	About Business In	С				-	
P.O. Box. Build	ling a	and Room Number, if any					•	
1.0. Sox, Sunding and Room Humber, it diff								
Street 6483	s. :	Xenophon Street	<del></del>					
City Littl								
			P Code + 4 F	30127	<del></del>	<u>.</u>	*	
	State Colorado ZIP Code + 4 80127  16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 19,544							
I 10. TOTAL DISBU	וכאנ	EIVIENTO FOR ALL REPOR	NIADLE AUII	VIII 19,5	44			

Form LM-21 (2003)

Name of Person Filing: Paul Murray						File Number C-	
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, Bldg., Room No., if any  Employer St. Mary's Healthcare							
Trade Name	T-1:	Diamond					
1	Juliann	Diamond		City	Amsterdam	·	ZID Codo + 4
Title	Administration			State	New York	<del></del>	ZIP Code + 4 12010
5.b. Termination Da	ate 7/7/2014			5.c. Amo	unt 61,609		
5.a. Name and Ado	tress of Employer (includ	ing trade name, if any	').	P.O. Bo	Mailing Addres		
Employer							
Trade Name		<del></del>		Street	., .	*	
Attention To:		1		City			1
Title				State			ZIP Code + 4
5.b. Termination D	ate			5.c. Amo	ount		
5 a Name and Adr	dress of Employer (includ	ing trade name, if any	۸ .		Mailing Addres	.e.	<u> </u>
J.a. Name and Add	ress of Employer (mada	ing trade frame, it any	· )·	P.O. Bo	ox, Blda., Room N		
Employer							
Trade Name				Street			
Attention To:		Ĭ.		City			1
Title	<u> </u>	<u> </u>		State			ZIP Code + 4
5.b. Termination Da	ate			5.c. Amo	unt :		J
				•			
5.a. Name and Add	fress of Employer (includ	ing trade name, if any	').	D O D	Mailing Addres		
					IX KIDO KOOMIN		
Employer			·	7.0.80	ox, Bldg., Room N	, ,, , , , , , , , , , , , , , , , ,	
Employer			<del></del>	]	ox, Blag., Room N		
Trade Name	1	1		Street	ox, Bidg., Room N		
Trade Name Attention To:		]		Street City	ox, Blag., Room N		ZIP Code + 4
Trade Name				Street	x, Bidg., Koom N	<u></u>	ZIP Code + 4
Trade Name Attention To: Title  5.b. Termination D				Street City	ount		ZIP Code + 4
Trade Name Attention To: Title  5.b. Termination D	ate	ing trade name, if any	)	Street City State 5.c. Amo	ount Mailing Addres	s	ZIP Code + 4
Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add		ing trade name, if any	).	Street City State 5.c. Amo	ount	s	ZIP Code + 4
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Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name		ing trade name, if any		Street City State 5.c. Amo	ount Mailing Addres	s	ZIP Code + 4
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Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To:	dress of Employer (includ	ing trade name, if any	).	Street City State 5.c. Amo	Mailing Addres	s	
Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D	dress of Employer (includ			Street City State Street City State Street City State	Mailing Addres	s: lo., if any	
Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D	dress of Employer (includ			Street City State Street City State Street City State	Mailing Addres  ox. Blda Room N  ount  Mailing Addres	s: lo., if any	
Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D	dress of Employer (includ			Street City State Street City State Street City State	Mailing Addres  ox. Blda Room N  ount  Mailing Addres	s: lo., if any	
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Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Attention To: Title  5.b. Termination D  5.a. Name and Add Employer Trade Name Trade Name	dress of Employer (includ			Street City State Street City State State Street City State Street City State Street City	Mailing Addres  ox. Blda Room N  ount  Mailing Addres	s: lo., if any	

Name of Person Filing: Paul Murray	File Number C-
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
St. Mary's	
15.c. To Whom Paid	15.d. Amount 35,009
Name Robin Buesching	15.e. Purpose
Title	educate voters
Organization All About Business	
D.O. Davi Daildian and Bases Number if any	
P.O. Box, Building and Room Number, if any	
Street 6483 S. Xenophon Street	
City Littleton	
State Colorado ZIP Code + 4 80127	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	13.e. Fulpose
Organization	
organization .	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	L
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 ZIP Code + 4	