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: 03-31-2019

This report is mandatory under P.L. 88-257, 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)

RECEIVED  APR 1 7 2018  E		
1. File Number C- 0069	2. Period Covered By This Report From:    Month/Day/Year (mm/dd/yyyy)   Month/Day/Year (mm/dd/yyyy)	
A. Person Filing	<del></del>	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:	
Name Carina Hunt Title President	Name Title	
Organization: C Hunt Management Consulting Inc	Organization	
P.O. Box, Building and Room Number, if any  Street 909 Champions Ct  City Roanoke  State Texas ZIP Code + 4 76262	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 penalt information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).  17. Signed  President  (if other title, see instructions)	ties of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,  18. Signed  Treasurer (If other title, see instructions)	
On Date Telephone Number	On 03 / 01 / 2018 714-305-9495  Date Telephone Number	

5.b. Termination Date 03/01/2017 5.c. Amount 69,207.91  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations at to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  Carina Hunt (c) Expenses (d) Totals  10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements  8. Total disbursements to officers and employees: 84,000 14. Total Disbursements (Sum of Items 8)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purpose instructions.  15.a. Employer Name: Radnet Inc.  15.b. Trade Name, If any: 15.c. To Whom Paid Name Khanh Tran 15.e. Purpose To educate employees regarding to	9
S.a. Name and Address of Employer (including trade name, if any).  Employer Valley Hospital Medical Center  Trade Name Attention To Elaine Title CEO State Nevada ZIP of State Nevada ZIP of State Nevada  C. State Nevada ZIP of State Nevada  C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations at to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  Carina Hunt B4,000 0 84,000 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements (Sum of Items 8  8. Total disbursements to officers and employees:  84,000 14. Total Disbursements made for the purpose instructions.  15.a. Employer Name: Radnet Inc.  15.b. Trade Name, If any: Tran Title Consultant Tran Title Consultant  To educate employees regarding to the consultant in any in the purpose of the p	rposes of the advice
Employer Valley Hospital Medical Center Trade Name Attention To Elaine Glaser City 'Las Vegas Title CEO State Nevada ZIP of St	
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10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements  8. Total disbursements to officers and employees:  84,000 14. Total Disbursements (Sum of Items 8)  D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purpose instructions.  15.a. Employer Name: Radnet Inc.  15.b. Trade Name, If any:  15.c. To Whom Paid 15.d. Amount 13,960  Name Khanh Tran 15.e. Purpose Title Consultant  15.d. Amount 13,960  To educate employees regarding to	
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Name Khanh Tran 15.e. Purpose Title Consultant To educate employees regarding to	
Title Consultant To educate employees regarding to	
rights and collective bargaining	eir section 7
Organization :	
P.O. Box, Building and Room Number, if any 1501 Street	
City :Lake Forest	•
State California ZIP Code + 4 92609  16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 37,182	The same was asset as a second

Form LM-21 (2003)

Name of Person Filing:	File Number C- 0069
B. Statement of Receipts Report all receipts from employers in connection v     advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Corecare Systems, Inc	P.O. Box, Bldg., Room No., if any
Trade Name   dba Kirkbride Center	Street 111 N. 49th Street
Attention To: (Rose Di Ottavio	City Philadelphia
Title	State Pennsylvania ZIP Code + 4 19139
5.b. Termination Date '09/18/2017	5.c. Amount 31,201
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
en de la companya de	P.O. Box, Bldg., Room No., if any
Employer Radnet Inc.	
Trade Name	Street 1510 Cotner Avenue
Attention To: Ruth Wilaon	City Los Angeles
Title VPHR	State California ZIP Code + 4 90025
5.b. Termination Date 12/15/2017	5.c. Amount 141, 547
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
والمتعارض	P.O. Box, Bldg., Room No., if any
Employer	وللدوار وموسط مستميحها فيناهم سيستعربها منصيبه الدراج بودا العبدو والدياء ويوساء أأاءا
Trade Name	Street
Attention To:	City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount
5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	S.c. Amount  Mailing Address: P.O. Box, Bldg., Room No., if any
	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).  Employer	Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	Mailing Address: P.O. Box, Bldg., Room No., if any Street City
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title	Mailing Address: P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date:	Mailing Address: P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4  5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date:	Mailing Address: P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer	Mailing Address: P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address: P.O. Box. Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address: P.O. Box, Bldg., Room No., if any  Street
5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To:	Mailing Address: P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address: P.O. Box, Bldg., Room No., if any  Street City
5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).  Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4  5.c. Amount  Mailing Address: P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
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Name of Person Filing:	File Number C- 0069	
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: Radnet Inc.	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 10,577	
Name Marla Bardi  Title Consultant  Organization	15.e. Purpose  To educate employees regarding their section 7 rights and collective bargaining	
P.O. Box, Building and Room Number, if any  Street 5431 Sussex Ln  City Sarasota  State Florida ZIP Code + 4 34233		
15.a. Employer Name:  Radnet Inc.	15.b. Trade Name, If any:	
15.c. To Whom Paid  Name Windi Reyes  Title Consultant	15.d. Amount 12,645  15.e. Purpose  To educate employees regarding their section 7 rights and collective bargaining	
Organization.  P.O. Box, Building and Room Number, if any  Street 20741 Knob Place  City Perris  State California ZIP Code + 4 92470		
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 10	
Name Title Organization P.O. Box, Building and Room Number, if any	15.e. Purpose	
Street		