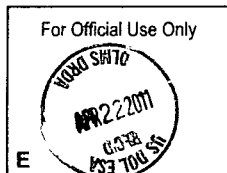


# FORM LM-21

## 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

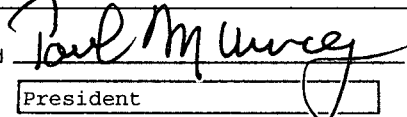
458394

1. File Number C-00591	2. Period Covered By This Report From: 01/01/2010 Through: 12/31/2010
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	Paul Murray
Title	President
Organization	Healthcare Strategies, LLC
P.O. Box, Building and Room Number, if any	#111
Street	7113 West 135th Street
City	Overland Park
State	Kansas ZIP Code + 4 66213
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 	President (if other title, see instructions)
Title	President
On 03/03/2011	913-269-7042
Date	Telephone Number
18. Signed	Treasurer (If other title, see instructions)
Title	Treasurer
On	
Date	Telephone Number

Name of Person Filing: Paul Murray	File Number C- 00591
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**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 <input type="text" value="UPHS"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="1127 Penn Tower"/>
Attention To <input type="text" value="Patricia"/> <input type="checkbox"/> <input type="text" value="Wren"/>	City <input type="text" value="Philadelphia"/>
Title <input type="text" value="VP HR"/>	State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19104"/>

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 131,729

**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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees: <input type="text"/>				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

**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: <input type="text" value="About Business, Inc"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text" value="Patricia"/> <input type="checkbox"/> <input type="text" value="Buesching"/> Title <input type="text" value="Educator"/> Organization <input type="text" value="About Business, Inc"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="64893 S. Xenophon Street"/> City <input type="text" value="Littleton"/> State <input type="text" value="Colorado"/> ZIP Code + 4 <input type="text" value="80127"/>	15.d. Amount <input type="text" value="15,057"/>  15.e. Purpose <div style="border: 1px solid black; padding: 5px; min-height: 100px;">persuader activities, direct employee communications, answered employee questions</div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 77,121

**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.

<b>15.a. Employer Name:</b> Healthcare Strategies	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name <input type="checkbox"/> Francine <input type="checkbox"/> Devine Title Educator Organization Healthcare Strategies  P.O. Box, Building and Room Number, if any  Street 1371 Pinyon Pine Drive City Ladson State South Carolina ZIP Code + 4 29456	<b>15.d. Amount</b> 17,342  <b>15.e. Purpose</b> persuader activities, direct employee communications, answered employee questions
<b>15.a. Employer Name:</b> About Business, Inc	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name <input type="checkbox"/> Robin <input type="checkbox"/> Buesching Title Educator Organization  P.O. Box, Building and Room Number, if any  Street 6483 S. Xenophon Street City Littleton State Colorado ZIP Code + 4 80127	<b>15.d. Amount</b> 44,722  <b>15.e. Purpose</b> persuader activities, direct employee communications, answered employee questions
<b>15.a. Employer Name:</b> 	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name <input type="checkbox"/> <input type="checkbox"/> Title Organization  P.O. Box, Building and Room Number, if any  Street City State ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b>

Name of Person Filing: Paul Murray		File Number C- 00591	
<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).		Mailing Address:	
Employer	Mercy Philadelphia Hospital	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	501 South 54th Street
Attention To:	Kathryn <input type="checkbox"/> Conallen	City	Phildelphia
Title		State	Pennsylvania ZIP Code + 4 19104
5.b. Termination Date		5.c. Amount 109,511	
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	
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	
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	
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	
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	