

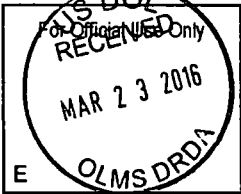
FORM LM-21

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

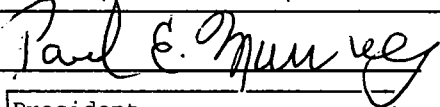
611964

1. File Number C- <input type="text" value="66866"/>	2. Period Covered By This Report From: <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2015"/> Through: <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
--	---

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Paul"/> <input type="text" value="Murray"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="President"/>	Name <input type="text"/>
Organization <input type="text" value="WPM, LLC Consulting"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text" value="Suite 341"/>	Organization <input type="text"/>
Street <input type="text" value="13725 Metcalf"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Overland Park"/>	Street <input type="text"/>
State <input type="text" value="Kansas"/> ZIP Code + 4 <input type="text" value="66223"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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)	18. Signed _____ Treasurer (If other title, see instructions)
Title <input type="text" value="President"/>	Title <input type="text" value="Treasurer"/>
On <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2016"/> <input type="text" value="9132697042"/> Date Telephone Number	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number

Name of Person Filing: Paul Murray

File Number C-

66866

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 ORI

Suite 160

Trade Name ORI

Street 171 Elden Street

Attention To Tina

Jenkins

City Herndon

Title Human Resources

State Virginia

ZIP Code + 4 20170

5.b. Termination Date

5.c. Amount 15,554

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 15,554

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		
Paul Murray	6,792		6,792	9. Office and Administrative Expenses	0
				10. Publicity	
				11. Fees for Professional Services	1,200
				12. Loans Made	
				13. Other Disbursements	305
8. Total disbursements to officers and employees:			6,792	14. Total Disbursements (Sum of Items 8-13)	8,297

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:

About Business, INC

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount 7,257

15.e. Purpose

Name Roberta Buesching

Title Educator

Organization About Business, INC

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

Street 6483 S. Xenophon Street

City Littleton

State Colorado ZIP Code + 4 80127

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 7,257