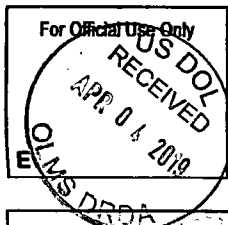


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

701580

|                               |  |                                |          |                                |
|-------------------------------|--|--------------------------------|----------|--------------------------------|
| 1. File Number <b>C-00691</b> | 2. Period Covered<br>By This Report<br>From: | Month/Day/Year<br>(mm/dd/yyyy) | Through: | Month/Day/Year<br>(mm/dd/yyyy) |
|                               |  | 01 / 1 / 2018                  |          | 12 / 31 / 2018                 |

| A. Person Filing                                     |  |
|--|--|
| 3. Name and mailing address (include ZIP Code):      |  |
| Name <b>Carina</b> <b>Hunt</b>                       | 4. Any other address where records necessary to verify this report are kept: |
| Title <b>President</b>                               | Name   |
| Organization <b>C Hunt Management Consulting Inc</b> | Title  |
| P.O. Box, Building and Room Number, if any           | Organization   |
| Street <b>909 Champions Ct</b>                       | P.O. Box, Building and Room Number, if any                                   |
| City <b>Roanoke</b>                                  | Street   |
| State <b>Texas</b> ZIP Code + 4 <b>76262</b>         | 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               | 18. Signed               |
| Title <b>President</b>   | Title <b>Treasurer</b>   |
| On <b>03 / 15 / 2019</b> | On <b>03 / 15 / 2019</b> |
| Date                     | Date                     |
| <b>714-310-4080</b>      | <b>714-305-9495</b>      |
| Telephone Number         | Telephone Number         |

|                                    |                      |
|------------------------------------|----------------------|
| Name of Person Filing: Carina Hunt | File Number C- 00691 |
|------------------------------------|----------------------|

|  |  |
|--|--|
| <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. |  |
| <b>5.a. Name and Address of Employer (including trade name, if any).</b><br><br>Employer Dollar General Corporation<br>Trade Name<br>Attention To Bob Ravener<br>Title         | <b>Mailing Address:</b><br>P.O. Box, Building and Room Number, if any<br><br>Street 100 Mission Ridge<br>City Goodlettsville<br>State Tennessee ZIP Code + 4 |
| <b>5.b. Termination Date</b>   | <b>5.c. Amount</b> 0   |
| <b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 0  |  |

|  |            |              |            |  |
|--|------------|--------------|------------|--|
| <b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. |            |              |            |  |
| <b>7. Disbursements to Officers and Employees:</b>   |            |              |            |  |
| (a) Name   | (b) Salary | (c) Expenses | (d) Totals |  |
|  | 0          | 0            | 0          | 9. Office and Administrative Expenses                |
|  |            |              |            | 10. Publicity  |
|  |            |              |            | 11. Fees for Professional Services                   |
|  |            |              |            | 12. Loans Made                                       |
|  |            |              |            | 13. Other Disbursements                              |
| <b>8. Total disbursements to officers and employees:</b>   |            |              | 0          | <b>14. Total Disbursements (Sum of Items 8-13)</b> 0 |

|  |  |   |
|--|--|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b>  |  | Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. |
| <b>15.a. Employer Name:</b><br>RadnetManagement Inc  |  | <b>15.b. Trade Name, If any:</b>  |
| <b>15.c. To Whom Paid</b>  |  | <b>15.d. Amount</b> 89,145  |
| Name Khanh Tran<br>Title Consultant<br>Organization<br><br>P.O. Box, Building and Room Number, if any<br>1501<br>Street<br>City Lake Forest<br>State California ZIP Code + 4 92609 |  | <b>15.e. Purpose</b><br>To educate employees regarding their section 7 rights and collective bargaining       |
| <b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b> 172,242   |  |   |

|  |  |                                     |  |
|--|--|-------------------------------------|--|
| Name of Person Filing: Carina Hunt   |  | File Number C- 00691                |  |
| <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 San Diego Dialysis Services Inc   |  | P.O. Box, Bldg., Room No., if any   |  |
| Trade Name   |  | Street 920 Winter street            |  |
| Attention To: Erin Martino   |  | City Walham                         |  |
| Title  |  | State Montana ZIP Code + 4 02451    |  |
| 5.b. Termination Date  |  | 5.c. Amount 0                       |  |
| 5.a. Name and Address of Employer (including trade name, if any).  |  | Mailing Address:                    |  |
| Employer VCA Inc   |  | P.O. Box, Bldg., Room No., if any   |  |
| Trade Name   |  | Street 12401 W Olympic Blvd         |  |
| Attention To: Rachel Jeck  |  | City Los Angeles                    |  |
| Title  |  | State California ZIP Code + 4 41011 |  |
| 5.b. Termination Date  |  | 5.c. Amount 0                       |  |
| 5.a. Name and Address of Employer (including trade name, if any).  |  | Mailing Address:                    |  |
| Employer Radnet Management Inc   |  | P.O. Box, Bldg., Room No., if any   |  |
| Trade Name   |  | Street 1510 Cotner Ave              |  |
| Attention To: Ruth Wilson  |  | City Los Angeles                    |  |
| Title VP human resources   |  | State California ZIP Code + 4 90025 |  |
| 5.b. Termination Date  |  | 5.c. Amount 0                       |  |
| 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                         |  |

Name of Person Filing: Carina Hunt

File Number C- 00691

**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:<br>Radnet Management Inc  | 15.b. Trade Name, If any:   |
| 15.c. To Whom Paid<br>Name Marla Bardi<br>Title Consultant<br>Organization<br><br>P.O. Box, Building and Room Number, if any<br><br>Street 5431 Sussex Ln<br>City Sarasota<br>State Florida ZIP Code + 4 34233 | 15.d. Amount 52,212<br><br>15.e. Purpose<br>To educate employees regarding their section 7 rights and collective bargaining |

|   |   |
|---|---|
| 15.a. Employer Name:<br>Radnet Mangement Inc  | 15.b. Trade Name, If any:   |
| 15.c. To Whom Paid<br>Name Windi Reyes<br>Title Consultant<br>Organization<br><br>P.O. Box, Building and Room Number, if any<br><br>Street 20741 Knob Place<br>City Perris<br>State California ZIP Code + 4 92470 | 15.d. Amount 30,885<br><br>15.e. Purpose<br>To educate employees regarding their section 7 rights and collective bargaining |

|   |                                   |
|---|-----------------------------------|
| 15.a. Employer Name:  | 15.b. Trade Name, If any:         |
| 15.c. To Whom Paid<br>Name<br>Title<br>Organization<br>P.O. Box, Building and Room Number, if any<br><br>Street<br>City<br>State ZIP Code + 4 | 15.d. Amount<br><br>15.e. Purpose |