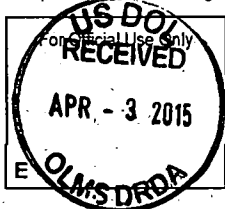


# FORM LM-21

## 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

588766

1. File Number C: <u>66082</u>	2. Period Covered By This Report From: <u>06/01/2014</u> Through: <u>08/31/2014</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name: <u>Paul E Murray</u>	Name: <u>                    </u>
Title: <u>President</u>	Title: <u>                    </u>
Organization: <u>PT&amp;E, LLC</u>	Organization: <u>                    </u>
P.O. Box, Building and Room Number, if any: <u>#111</u>	P.O. Box, Building and Room Number, if any: <u>                    </u>
Street: <u>7113 West 135th Street</u>	Street: <u>                    </u>
City: <u>Overland Park</u>	City: <u>                    </u>
State: <u>Kansas</u> ZIP Code + 4: <u>66213</u>	State: <u>                    </u> ZIP Code + 4: <u>                    </u>

### 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: <u>Paul E Murray</u> Title: <u>President</u> On: <u>3/30/2015</u> Date: <u>                    </u> Telephone Number: <u>913-269-7042</u>	18. Signed: <u>                    </u> Title: <u>Treasurer</u> On: <u>                    </u> Date: <u>                    </u> Telephone Number: <u>                    </u>
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Name of Person Filing: Paul Murray	File Number C-
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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 Seton Manor, Inc P.O. Box, Building and Room Number, if any

Trade Name  Street

Attention To Michael ☐ Grove City

Title Administrator State ZIP Code + 4

5.b. Termination Date 8/31/14 5.c. Amount: 35,144

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 94,658

**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 <input type="checkbox"/> Murray	14,600	0	14,600	9. Office and Administrative Expenses
Paul <input type="checkbox"/> Murray	24,504	0	24,504	10. Publicity
<input type="checkbox"/> <u></u>	0	0	0	11. Fees for Professional Services
<input type="checkbox"/> <u></u>	0	0	0	12. Loans Made
<input type="checkbox"/> <u></u>	0	0	0	13. Other Disbursements
8. Total disbursements to officers and employees:	39,104			14. Total Disbursements (Sum of Items 8-13) <span style="float: right;">39,104</span>

**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: Seton Manor

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Robin ☐ Buesching

Title

Organization All 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

15.d. Amount 19,544

15.e. Purpose

Educate voters

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 19,544

Name of Person Filing: Paul Murray		File Number C-	
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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 style="width: 350px;" type="text" value="St. Mary's Healthcare"/>		P.O. Box, Bldg., Room No., if any <input style="width: 300px;" type="text"/>	
Trade Name <input style="width: 250px;" type="text"/>		Street <input style="width: 300px;" type="text" value="427 Guy Park"/>	
Attention To: <input style="width: 100px;" type="text" value="Juliann"/> <input style="width: 10px;" type="checkbox"/> <input style="width: 100px;" type="text" value="Diamond"/>		City <input style="width: 150px;" type="text" value="Amsterdam"/>	
Title <input style="width: 300px;" type="text" value="Administration"/>		State <input style="width: 100px;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 80px;" type="text" value="12010"/>	
5.b. Termination Date <input style="width: 150px;" type="text" value="7/7/2014"/>		5.c. Amount <input style="width: 100px;" type="text" value="61,609"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input style="width: 350px;" type="text"/>		P.O. Box, Bldg., Room No., if any <input style="width: 300px;" type="text"/>	
Trade Name <input style="width: 250px;" type="text"/>		Street <input style="width: 300px;" type="text"/>	
Attention To: <input style="width: 100px;" type="text"/> <input style="width: 10px;" type="checkbox"/> <input style="width: 100px;" type="text"/>		City <input style="width: 150px;" type="text"/>	
Title <input style="width: 300px;" type="text"/>		State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 80px;" type="text"/>	
5.b. Termination Date <input style="width: 150px;" type="text"/>		5.c. Amount <input style="width: 100px;" type="text"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input style="width: 350px;" type="text"/>		P.O. Box, Bldg., Room No., if any <input style="width: 300px;" type="text"/>	
Trade Name <input style="width: 250px;" type="text"/>		Street <input style="width: 300px;" type="text"/>	
Attention To: <input style="width: 100px;" type="text"/> <input style="width: 10px;" type="checkbox"/> <input style="width: 100px;" type="text"/>		City <input style="width: 150px;" type="text"/>	
Title <input style="width: 300px;" type="text"/>		State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 80px;" type="text"/>	
5.b. Termination Date <input style="width: 150px;" type="text"/>		5.c. Amount <input style="width: 100px;" type="text"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input style="width: 350px;" type="text"/>		P.O. Box, Bldg., Room No., if any <input style="width: 300px;" type="text"/>	
Trade Name <input style="width: 250px;" type="text"/>		Street <input style="width: 300px;" type="text"/>	
Attention To: <input style="width: 100px;" type="text"/> <input style="width: 10px;" type="checkbox"/> <input style="width: 100px;" type="text"/>		City <input style="width: 150px;" type="text"/>	
Title <input style="width: 300px;" type="text"/>		State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 80px;" type="text"/>	
5.b. Termination Date <input style="width: 150px;" type="text"/>		5.c. Amount <input style="width: 100px;" type="text"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input style="width: 350px;" type="text"/>		P.O. Box, Bldg., Room No., if any <input style="width: 300px;" type="text"/>	
Trade Name <input style="width: 250px;" type="text"/>		Street <input style="width: 300px;" type="text"/>	
Attention To: <input style="width: 100px;" type="text"/> <input style="width: 10px;" type="checkbox"/> <input style="width: 100px;" type="text"/>		City <input style="width: 150px;" type="text"/>	
Title <input style="width: 300px;" type="text"/>		State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 80px;" type="text"/>	
5.b. Termination Date <input style="width: 150px;" type="text"/>		5.c. Amount <input style="width: 100px;" type="text"/>	

Name of Person Filing: Paul Murray

File Number C-

**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> St. Mary's	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Robin <input type="checkbox"/> Buesching Title Organization All About Business  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> 35,009 <b>15.e. Purpose</b> educate voters

<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"/> 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>

<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"/> 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>