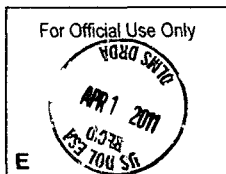


# FORM LM-21

## 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

453215

1. File Number C- <b>591</b>	2. Period Covered By This Report From: <b>1-01-09</b>	Month/Day/Year (mm/dd/yyyy)	Through: <b>12-31-09</b>	Month/Day/Year (mm/dd/yyyy)
		<b>1-01-09</b>		<b>12-31-09</b>

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name <b>Paul Murray</b> Title <b>President</b> Organization <b>HEALTH CARE STRATEGIES</b> P.O. Box, Building and Room Number, if any <b>#111</b> Street <b>7113 West 135th St</b> City <b>Overland Park</b> State <b>Ks</b> ZIP Code + 4 <b>66213</b>	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 <b>Paul E. Murray</b> President (If other title, see instructions) Title <b>President</b> On <b>3/22/11</b> Date <b>(913-269-7042)</b> Telephone Number	18. Signed _____ Treasurer (If other title, see instructions) Title <b>Treasurer</b> On _____ Date _____ Telephone Number
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Name of Person Filing: <u>PAUL MURRAY</u>	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 <u>LRI</u>	P.O. Box, Building and Room Number, if any <u>Suite 140</u>
Trade Name <u></u>	Street <u>54 Corporate Plaza</u>
Attention To <u>JOHN</u> <input type="checkbox"/> <u>Hermann</u>	City <u>Newport Beach</u>
Title <u></u>	State <u>CA</u> ZIP Code + 4 <u>92662</u>

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

**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.

<p>15.a. Employer Name: <u>HEALTHCARE STRATEGIES LLC</u></p> <p>15.c. To Whom Paid</p> <p>Name <u>LURA</u> <input type="checkbox"/> <u>LURIE</u></p> <p>Title <u></u></p> <p>Organization <u>HEALTHCARE STRATEGIES</u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u>7113 West 135th</u></p> <p>City <u>Ovenden Park</u></p> <p>State <u>Washington</u> <u>KS</u> ZIP Code + 4 <u>66213</u></p>	<p>15.b. Trade Name, If any: <u></u></p> <p>15.d. Amount <u>30,456</u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <u>Educate employees at Pro-Transport</u> </div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY