U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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. 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. s 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

. File Number C- 00 69 \		2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)	
		By This Report From:	01 / 01 / 2014	Through:	12 / 31 / 201	
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. Person Filing						
Name and mailing address (include ZIP Co	de):	4 Any other address			this senset are least.	
Names and the second se		4. Any other address where records necessary to verify this report are kept:				
lame Carina Hunt		Ph	illip	Wilson		
Title President		Title Pr	Title President			
Organization C Hunt Management Consulting, Inc.		Organization LR	I Consulting Ser	vices,	Inc.	
P.O. Boy Building and Poom Number if a	24	B.O. Box Buildin	a and Room Number if a			
P.O. Box, Building and Room Number, if any 125		y	P.O. Box, Building and Room Number, if any			
Street 821 E Dove Loop Road		Street 7850 S				
City Grapevine		City Broker	Arrow			
State Texas	ZIP Code + 4 76051	State Oklaho	oma	ZIP Cod	de + 4 74011	
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Attention To Richard Dabney City Byron Center Title Director of Human Resources State MI 2IP 5.b. Termination Date 01/15/2014 5.c. Amount 4, 422 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 149, 446 C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses (a) Totals 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements (Sum of Items D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purpose instructions. 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid 15.d. Amount 15.e. Purpose 15.e. Purpose	0691			
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Form LM-21 (2003)

Name of Person Filing: Carina Hunt	File Number C- DOLA)
B. Statement of Receipts Report all receipts from employers in connection value or services.	vith labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldq., Room No., if any
Employer Stahl Specialty Company	is so, sig, rosinto, irally
Trade Name	Street III East Paulic Street
Attention To: Courtney Willans	City Kingsville
Title Human Rusovice Director	State MISSON CI ZIP Code +4 6406
5.b. Termination Date	5.c. Amount 13,578
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Vallourec Star LP	
Trade Name	Street 2649 Martin Lyther King Jr Blvd
Attention To: Tring & Cooper	city Youngstown
Title VP Human Rusources	State 0H ZIP Code + 4 44510
5.b. Termination Date 01/20/2014	5.c. Amount 40,623
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box. Blda Room No if anv
Employer Carlisle Interconnect Technologies	100 7016 10 118 th 25 and
Trade Name Tre-Star Electronics (nc	,
Attention To: Jesse Correla	city Kent
Title C.O.D.	State Washington ZIP Code + 4 90245
5.b. Termination Date	5.c. Amount 34,602
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer GNP Company	P.O. Box, Bldg., Room No., if any
Trade Name	Street 4150 Second Street
Attention To: Steven JUCEX Title VP 142000 P 6552 (456)	State 710 Code 14 (CT '2-1
TP HOMATI RESOURCE	y tenderson from the contract of the contract
5.b. Termination Date	5.c. Amount 14,440
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Sutter Health	
	P.O. Box. Blda Room No if anv
	200
Trade Name	Street 1200 SUNIC Drive
	200
Attention To: Susan Donker	Street 1200 SUNIC Drive City Modesto
Trade Name Attention To: Susan Donker Title	200 Street 1200 SUNIC DYIV! City Modesto ZIP Code + 4 45350 State CA ZIP Code + 4 45350 State CA ZIP Code + 4 45350 State CA ZIP Code + 4 45350 State CA ZIP Code + 4 45350 State ZIP Code + 4 45350
Trade Name Attention To: Susan Donler Title 5.b. Termination Date 07/01/2014 5.a. Name and Address of Employer (including trade name, if any).	200 Street 1200 SUNIC DYIVE City Modesto State CA ZIP Code + 4 45350
Trade Name Attention To: Sysan Donker Title 5.b. Termination Date 07/01/2014 5.a. Name and Address of Employer (including trade name, if any). Employer	200 Street 1200 SUNIC DYIVE City ModeSto State CA ZIP Code + 4 45350
Trade Name Attention To: Swan Donker Title 5.b. Termination Date 07/01/2014 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	200 Street 1200 SUNIC DYIVE City Modesto ZIP Code + 4 45350
Trade Name Attention To: Title 5.b. Termination Date 07/01/2014 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	200 Street 1200 SUNIC DYIVE City Modesto ZIP Code + 4 45350
Trade Name Attention To: Swan Donker Title 5.b. Termination Date 07/01/2014 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	200 Street 1200 SUNIC DYIVE City Modesto ZIP Code + 4 45350