

Receipts and Disbursements Report

U.S. Department of Labor

Employment Standards Administration
Office of Labor-Management StandardsOffice of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1990)Required of Persons, Including Labor Relations
Consultants and Other Individuals and Organizations,
Under Section 203(b) of the Labor-Management
Reporting and Disclosure Act of 1959, As Amended (LMRDA)Form approved - OMB
No. 1215-0188
Expires 07-31-2004

A.- PERSON FILING

1. NAME AND ADDRESS (include ZIP code)

MGS CONSULTING
41555 CALLE ROCOSA
SUITE 1
TEMECULA, CA 925922. ANY OTHER ADDRESS WHERE RECORDS NECESSARY
TO VERIFY THIS REPORT ARE KEPT:

SAME

3. FILE NO.

571

4. PERIOD
COVERED
BY THIS
REPORT

Month	Day	Year
1	1	02
12	31	02

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. NAME AND ADDRESS OF EMPLOYER (include ZIP code)

CEDARS-SINAI HEALTH SYSTEM
2700 BEVERLY BLVD
ROOM 2227
LOS ANGELES, CA 90048

6. TERMINATION DATE

12/31/02

7. AMOUNT

\$258,050.35

TOTAL

\$258,050.35

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.

8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
JAMES LAURIN	\$65,700	\$0	\$65,700

9. Office and Administrative
Expenses

10. Publicity
11. Fees for Professional Services
12. Loans Made
13. Other Disbursements
14. Total Disbursements

\$

Total Disbursements to officers and employees:

\$65,700

(Sum of Items 8-13) \$

D.- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
		\$	
ADDITIONAL INFORMATION PROVIDED ON ATTACHMENT "A" ATTACHED			
TOTAL		\$	

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

E.- VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED: James Laurin PRESIDENT
at: Temecula on: 7/03
City State Date
(If other title, cross out and write in correct title above.)SIGNED: Kathy TREASURER
at: Temecula on: 7/03
City State Date
(If other title, cross out and write in correct title above.)

Attachment "A"

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D. Schedule for Statement of Disbursements

15. Employer	16. To Whom Paid	17. Amount	18. Purpose
Total Business Solutions	J. Martinez P.O. Box 16355 Albuquerque, NM 87191	\$39,037.75	<ul style="list-style-type: none"> - Informing RN's of the right to organize or the right not to do so - Ensuring that RN's are aware of the voting process and exercise their choice at a secret-ballot election held by the National Labor Relations board - Informing RN's of the right to choose their own representatives for the purpose of collective bargaining or choose not to be represented; - Answering specific union-related questions asked by RN's
JT Redmond, Inc.	J. Redmond 2200 Loudan Lane Kennesaw, GA 30152	\$46,912.60	Same as above
Gerri Ransom	G. Ransom 7027 Alvern Street, Apt. B-317 Los Angeles, CA 90045	\$38,400.00	Same as above
Kahn Tran	K. Tran P.O. Box 1501 Lake Forest, CA 92630	\$32,400.00	Same as above
Permanent Solutions Labor Consultants, Inc.	L. Perez 19186 Fort Street, Suite 104 Riverview, MI 48129	\$35,600.00	Same as above

TOTAL: **\$192,350.35**