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. 1215-0188
Expires 09-30-2011

This report is mandatory under P.L. 88-257, as emerated. Faiture to compty 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-Managament Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

427345

| 161013 | | | | | | |
|---|--|--|--|--|--|--|
| 1 . File Number C- 00591 | 2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy) (mm/dd/yyyy) | | | | | |
| | By This Report (01 / 01 / 2009 Through: 12 / 31 / 2009 | | | | | |
| | Fidit [01]/ 01]/ 2003 11102911 [12]/ [31]/ [2003 | | | | | |
| | | | | | | |
| A. Person Filing | | | | | | |
| Name and mailing address (include ZIP Code): | 4. Any other address where records necessary to verify this report are kept: | | | | | |
| Name PAUL B MURRAY | Name | | | | | |
| Title President | Title | | | | | |
| Organization Healthcare Strategies, LLC | Organization | | | | | |
| P.O. Box, Building and Room Number, if any | P.O. Box, Building and Room Number, if any | | | | | |
| Street 7113 West 135th Street, # 111 | Street | | | | | |
| City Overland Park | City | | | | | |
| State Kansas ZIP Code + 4 66213 | State ZIP Code + 4 | | | | | |
| Signa | tures | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |
| 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 Park Mull Rresident | 18. Signed Treasurer | | | | | |
| Title President (if other title, see instructions) | Title Treasurer (If other title, see instructions) | | | | | |
| On 03/09/2010 913-269-7042 | On/ | | | | | |
| Date Telephone Number | Date Telephone Number | | | | | |
| | | | | | | |

The state of the s

| Name of Person Filing: PAUL MURRAY | File Number C- 00591 | | | | | | |
|---|---|--|--|--|--|--|--|
| | | | | | | | |
| 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: P.O. Box, Building and Room Number, if any | | | | | | |
| Employer UPHS | P.O. OOA, Building and Room Romber, II any | | | | | | |
| Trade Name | Street 1127 Penn Tower | | | | | | |
| Attention To Patricia Wren | City Philadelphia | | | | | | |
| Title VP Human Resources State Pennsylvania ZIP Code + 4 19104 | | | | | | | |
| 5.b. Termination Date | 5.c. Amount 234,694 | | | | | | |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 308,017 | | | | | | | |
| | | | | | | | |
| C. Statement of Disbursements Report all disbursements made by the report | rting 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) Satary (c) Expenses (d) | rotals | | | | | | |
| 0 0 | 9. Office and Administrative Expenses | | | | | | |
| | 10. Publicity | | | | | | |
| | 11. Fees for Professional Services | | | | | | |
| | 12. Loans Made | | | | | | |
| | 13. Other Disbursements | | | | | | |
| 8. Total disbursements to officers and employees: | 0 14. Total Disbursements (Sum of Items 8-13) 0 | | | | | | |
| | | | | | | | |
| D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions. | e to report only disbursements made for the purposes described in Part D of the | | | | | | |
| 15.a. Employer Name: | 15.b. Trade Name, if any: | | | | | | |
| About Business, Inc | | | | | | | |
| 15.c. To Whom Paid 15.d. Amount 58,359 | | | | | | | |
| Name Roberta Buesching | | | | | | | |
| Title Consultant persuader activities direct employee | | | | | | | |
| Organization 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 | | | | | | | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 105, 919 | | | | | | | |

| Name of Person Filing: PAUL MURRAY | | | | File Number C- | File Number C- 00591 | | | |
|--|--|--|--|---|----------------------|--|--|--|
| 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 Employ | yer (including trade name, if any). | | Mailing Ad | | | | | |
| Employer Labor Relat: | ions Services | | P.O. Box, Bldg., Roc | m No., if any | | | | |
| · · · · · · · · · · · · · · · · · · · | TOTAL DELIVERY | | Street 24 Corpo | rate Plaza Suit | e 100 | | | |
| Attention To: Deborah | Steffo | | <u></u> | | .e 100 | | | |
| | | | | | ZIP Code + 4 92660 | | | |
| Director | of Finance | | Carrion | | 211 0008 - 4 192660 | | | |
| 5.b. Termination Date | 5.b. Termination Date 5.c. Amount 73,323 | | | | | | | |
| 5.a. Name and Address of Employ | ver (including trade name, if any). | | Mailing Ad | | | | | |
| <u> </u> | | | P.O. Box, Bldg., Roo | m No., if any | | | | |
| Employer | | | Street | | | | | |
| Trade Name Attention To: | | _ | City | | | | | |
| Title | | | State | | ZIP Code + 4 | | | |
| L | | | p | | | | | |
| 5.b. Termination Date | | 5. | i.c. Amount | | | | | |
| 5.a. Name and Address of Employ | ver (including trade name, if any). | | Mailing Ad | | | | | |
| 5 | | | P.O. Box. Bido., Roc | m No., if any | | | | |
| Employer L | | | Street . | | | | | |
| Trade Name | | | Street | | | | | |
| Attention To: | | | City | | ZIP Code + 4 | | | |
| Title | | | State | | 2IP CO09 + 4 | | | |
| 5.b. Termination Date 5.c. Amount | | | | | | | | |
| | | 1 | | | | | | |
| 5.a. Name and Address of Employ | rer (including trade name, if any). | l | Mailing Ad | | | | | |
| | er (including trade name, if any). | l | | | | | | |
| Employer | ver (including trade name, if any). | | Mailing Ad P.O. Box, Bldg., Roo | | | | | |
| Employer | ver (including trade name, if any). | | Mailing Ad P.O. Box, Bidg., Roo Street | | | | | |
| Employer Trade Name Attention To: | ver (including trade name, if any). | | Mailing Ad P.O. Box. Bldg., Roo Street | m No., if any | ZIP Code + 4 | | | |
| Employer | ver (including trade name, if any). | | Mailing Ad P.O. Box, Bidg., Roo Street | m No., if any | ZIP Code + 4 | | | |
| Employer Trade Name Attention To: | ver (including trade name, if any). | | Mailing Ad P.O. Box. Bldg., Roo Street | m No., if any | ZIP Code + 4 | | | |
| Employer Trade Name Attention To: Title | | 5. | Mailing Ad P.O. Box. Bidg., Roo Street City State Mailing Ad | m No., if any | ZIP Code + 4 | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ | | 5. | Mailing Ad P.O. Box. Bidg., Roo Street City State | m No., if any | ZIP Code + 4 | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer | | 5. | Mailing Ad P.O. Box, Bidg., Roo Street City State .c. Amount Mailing Ad P.O. Box, Bidg., Roo | m No., if any | ZIP Code + 4 | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer Trade Name | | 5. | Mailing Ad P.O. Box, Bidg., Roo Street City State Mailing Ad P.O. Box, Bidg., Roo Street | m No., if any | ZIP Code + 4 | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer Trade Name Attention To: | | 5. | Mailing Ad P.O. Box. Bidg., Roo Street City State Mailing Ad P.O. Box. Bidg., Roo Street City City City City City City City Cit | m No., if any tress: m No., if any | | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer Trade Name | | 5. | Mailing Ad P.O. Box, Bidg., Roo Street City State Mailing Ad P.O. Box, Bidg., Roo Street | m No., if any tress: m No., if any | ZIP Code + 4 | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer Trade Name Attention To: | | 5. | Mailing Ad P.O. Box. Bidg., Roo Street City State Mailing Ad P.O. Box. Bidg., Roo Street City City City City City City City Cit | m No., if any tress: m No., if any | | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer Trade Name Attention To: Title | /er (including trade name, if any). | 5. | Mailing Ad P.O. Box. Bidg., Roo Street City State Mailing Ad P.O. Box. Bidg., Roo Street City State Mailing Ad P.O. Box. Bidg., Roo Street City Mailing Ad Mailing Ad | m No., if any tress: m No., if any | | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer | /er (including trade name, if any). | 5. | Mailing Ad P.O. Box. Bidg., Roo Street City State Mailing Ad P.O. Box. Bidg., Roo Street City State City State | m No., if any tress: m No., if any | | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer Employer | /er (including trade name, if any). | 5.5 | Mailing Adi P.O. Box, Bldg., Roo Street City State Mailing Adi P.O. Box, Bldg., Roo Street City Mailing Adi P.O. Box, Bldg., Roo Mailing Adi P.O. Box, Bldg., Roo Mailing Adi P.O. Box, Bldg., Roo | m No., if any tress: m No., if any | | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer Trade Name Trade Name | /er (including trade name, if any). | 5. | Mailing Adi P.O. Box, Bidg., Roo Street City State Mailing Adi P.O. Box, Bidg., Roo Street City Mailing Adi P.O. Box, Bidg., Roo Street City State Mailing Adi P.O. Box, Bidg., Roo Street | m No., if any tress: m No., if any | | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer Trade Name Attention To: Title 5.b. Termination Date Attention To: Trade Name Attention To: | /er (including trade name, if any). | 5. | Mailing Ad P.O. Box. Bidg., Roo Street City State Mailing Ad P.O. Box. Bidg., Roo Street City State Mailing Ad P.O. Box. Bidg., Roo Street City State City State City State City City City City City City City City | m No., if any tress: m No., if any fress: m No., if any | ZIP Code + 4 | | | |
| Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employ Employer Trade Name | /er (including trade name, if any). | 5. | Mailing Adi P.O. Box, Bidg., Roo Street City State Mailing Adi P.O. Box, Bidg., Roo Street City Mailing Adi P.O. Box, Bidg., Roo Street City State Mailing Adi P.O. Box, Bidg., Roo Street | m No., if any tress: m No., if any fress: m No., if any | | | | |

| Name of Person Filing: PAUL MURRAY | | | | Fite Number C- 00591 | | | |
|--|---|--|----------|---|--|--|--|
| D. Schedule | 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. Employe | | | | 15.b. Trade Name, If any: | | | |
| Alego | Health | | | | | | |
| 15.c. To When | n Paid | | <u> </u> | 15.d. Amount 2,955 | | | |
| Name | Patricia | Lopez | | 15.e. Purpose | | | |
| Title | Consultant | | | persuader activities, direct employee communications, answered employee questions | | | |
| Organizatio | Malego Health | | | | awarea emproyee queez | | |
| P.O. Box, <u>E</u> | Building and Room Number | r, if any | | | | | |
| Street 350 | 000 Curtis Blvd | | | | | | |
| City Eas | | ZIP Code + 4 4 | 44095 | | | | |
| | | | | F | | | |
| 15.a. Employe | erName: ce Payroll | of Charles and the Charles and | | 15.b. Trade Name, If any: | | | |
| <u> </u> | | | | | | | |
| 15.c. To Whon | n Paid Patricia | Lopez | | 15.d. Amount 9,000 | | | |
| Name | | Lopez | | 15.e. Purpose | | | |
| Title | Consultant | | | persuader activition communications, and | es, direct employee swered employee questions | | |
| Organization | Advance Payroll | | | ! | | | |
| Contraction Contra | Building and Room Number | r, if any | | | | | |
| Street | | | | | 1 | | |
| L | veland | | | | | | |
| State Ohio | | ZIP Code + 4 4 | 44193 | | | | |
| | | (s | | | | | |
| 15.a. Employe | | | | 15.b. Trade Name, If any: | | | |
| Healtr | hcare Strategies, | LLC | | | | | |
| 15.c. To Whom | n Paid | · | | 15.d. Amount 35,605 | | | |
| Name | Liora | Lurie | | 15.e. Purpose | | | |
| Title | Consultant | | | persuader activitie | es, direct employee swered employee questions | | |
| | Healthcare Strate | | | Communications, | sweten embioles desperant | | |
| | Building and Room Number | r, if any | | | | | |
| Street 201 | 6 Metts Avenue | | | | | | |
| City Wilt | mington | | | | | | |
| State Nor | th Carolina | ZIP Code + 4 2 | 28403 | J i | | | |