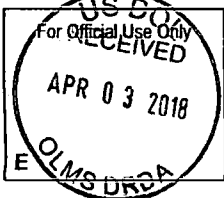


# FORM LM-21

## 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

673459

1. File Number C- 67190	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2017		12 / 31 / 2017

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

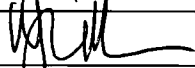
Name Kirsten Moore  
Title Consultant  
Organization  
P.O. Box, Building and Room Number, if any  
Street 139 Drexel Road  
City Ardmore  
State Pennsylvania ZIP Code + 4 19003

#### 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 	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title Other (Specify) Consultant		Title Other (Specify)	
On 03 / 24 / 2018 610-642-4342		On / /	
Date Telephone Number		Date Telephone Number	

Name of Person Filing: Kirsten Moore	File Number C- 6790
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Labor Relations Institute, Inc Trade Name LRI Attention To Phillip Wilson Title President	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any Via Christi Job Street 7850 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74013
<b>5.b. Termination Date</b> 1/19/2017	<b>5.c. Amount</b> 33,121
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 269,308	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
				9. Office and Administrative Expenses	
				10. Publicity	
	0		0	11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
<b>8. Total disbursements to officers and employees:</b>				0	<b>14. Total Disbursements (Sum of Items 8-13)</b> 0

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b>  <b>15.c. To Whom Paid</b> Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State Washington ZIP Code + 4	<b>15.b. Trade Name, If any:</b>  <b>15.d. Amount</b> <b>15.e. Purpose</b>	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		

Name of Person Filing: Kirsten Moore	File Number C- 6790
<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>	
Employer Reliant Labor Consultants Trade Name Attention To: Joe Brock Title President	Mailing Address: P.O. Box, Bldg., Room No., if any Quest Street 10108 Felberg Court City St John State Oklahoma ZIP Code + 4 46373-4301
5.b. Termination Date 5/5/2017	5.c. Amount 45,000
<b>5.a. Name and Address of Employer (including trade name, if any).</b>	
Employer Reliant Labor Consultants Trade Name Attention To: Joe Brock Title President	Mailing Address: P.O. Box, Bldg., Room No., if any LifeCare Street 10108 Felberg Court City St John State Oklahoma ZIP Code + 4 46373
5.b. Termination Date 8/7/2017	5.c. Amount 10,500
<b>5.a. Name and Address of Employer (including trade name, if any).</b>	
Employer Reliant Labor Consultants Trade Name Attention To: Joe Brock Title President	Mailing Address: P.O. Box, Bldg., Room No., if any LabCorp Job Street 10108 Fehlbberg Court City St John State Oklahoma ZIP Code + 4 46373
5.b. Termination Date 4/8/17	5.c. Amount 28,500
<b>5.a. Name and Address of Employer (including trade name, if any).</b>	
Employer Labor Relaions Institute Trade Name Attention To: Phil Wilson Title President	Mailing Address: P.O. Box, Bldg., Room No., if any Corecare Systems, Inc Street 7850 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74013
5.b. Termination Date 9/10/2017	5.c. Amount 3,000
<b>5.a. Name and Address of Employer (including trade name, if any).</b>	
Employer Road Warrior Productions Trade Name Attention To: Russel M Brown Title President	Mailing Address: P.O. Box, Bldg., Room No., if any AugustanaCare Health&Rehabilitation Street PO Box 372636 City Satellite Beach State Florida ZIP Code + 4 32937-2636
5.b. Termination Date 6/27/2107	5.c. Amount 25,500
<b>5.a. Name and Address of Employer (including trade name, if any).</b>	
Employer Healthcare Labor Solutions Trade Name Attention To: Robert Long Title President	Mailing Address: P.O. Box, Bldg., Room No., if any Lowell General Hospital Street 4843 Colleyville Blvd City Colleyville State Texas ZIP Code + 4 76034
5.b. Termination Date 10/18/2017	5.c. Amount 68,600

Name of Person Filing: Kirsten Moore	File Number C- 67190
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services, regardless of the purposes of the advice or services.		
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<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Healthcare Labor Solutions Trade Name Attention To: Robert Long Title President	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any Sutter Medical Center, Sacramento Street 4843 Colleyville Blvd City Colleyville State Vermont ZIP Code + 4 76034
5.b. Termination Date 12/30/2017	5.c. Amount 55,087

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount