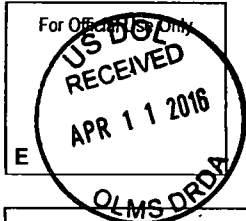


Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

6/8200

1. File Number C- 00691	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2015	Through:	12 / 31 / 2015

A. Person Filing

[illegible]

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 [Signature] President
Title President
(if other title, see instructions)

On 03 / 14 / 2016 714-310-4080
Date Telephone Number

18. Signed _____ Treasurer
Title Treasurer
(If other title, see instructions)

On / /
Date Telephone Number

Name of Person Filing: Carina Hunt	File Number C- 00691
------------------------------------	----------------------

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	Novato Healthcare Center	P.O. Box, Building and Room Number, if any	
Trade Name		Street	1565 Hill Road
Attention To	Darron Treude	City	Novato
Title	Adminitrator	State	California
		ZIP Code + 4	94947
5.b. Termination Date		5.c. Amount 164,256	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 363,469			

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
Carina Hunt	120,000	37397.52	120,000
8. Total disbursements to officers and employees:		120,000	
		14. Total Disbursements (Sum of Items 8-13)	120,000

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. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	
ZIP Code + 4	
15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 182,825	

Name of Person Filing: Carina Hunt		File Number C- 00691	
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 Windsor Healthcare Sacramento		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 501 Jesse Ave	
Attention To: Josh Sable		City Sacramento	
Title General Counsel		State California ZIP Code + 4 95838	
5.b. Termination Date 9/15/15		5.c. Amount 70,163	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Freemont Rideout Memorial Hospital		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 726 4th street	
Attention To: Kristy Kelly		City Marysville	
Title Director Human Resources		State California ZIP Code + 4 95901	
5.b. Termination Date		5.c. Amount 129,050	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Carina Hunt	File Number C- 00691
------------------------------------	----------------------

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. Employer Name: Windsor Healthcare Sacramento	15.b. Trade Name, If any:
15.c. To Whom Paid Name Khanh Tran Title Consultant Organization P.O. Box, Building and Room Number, if any PO box 1501 Street City Lake Forest State California ZIP Code + 4 92609	15.d. Amount 24,115 15.e. Purpose Engaged to communicate with employees regarding exercising their rights to organize and bargain collectively

15.a. Employer Name: Freemont Rideout Memorial Hospital	15.b. Trade Name, If any:
15.c. To Whom Paid Name Khanh Tran Title Consultant Organization P.O. Box, Building and Room Number, if any PO box 1501 Street City Lake Forest State California ZIP Code + 4 92609	15.d. Amount 32,089 15.e. Purpose Engaged to communicate with employees regarding exercising their right to organize and bargain collectively

15.a. Employer Name: Novato Healthcare	15.b. Trade Name, If any:
15.c. To Whom Paid Name Khanh Tram Title Organization P.O. Box, Building and Room Number, if any PO box 1501 Street City Lake Forest State California ZIP Code + 4 92609	15.d. Amount 37,807 15.e. Purpose Engaged to communicate with employees regarding exercising their rights to organize and bargain collectively

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. Employer Name: Novato Healthcare	15.b. Trade Name, If any:
15.c. To Whom Paid Name Evelyn Fragozo Title President Organization Quality Labor Solutions Inc P.O. Box, Building and Room Number, if any Street Condon Ave City Los Angeles State California ZIP Code + 4 90056	15.d. Amount 6,589 15.e. Purpose Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively

15.a. Employer Name: Windsor Healthcare Sacramento	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose Salgado Title President Organization LSB LLC P.O. Box, Building and Room Number, if any 612 Street 4504 W Spruce St City Tampa State Florida ZIP Code + 4 33607	15.d. Amount 23,115 15.e. Purpose Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively

15.a. Employer Name: Novato Healthcare	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose Salgado Title President Organization LSB LLC P.O. Box, Building and Room Number, if any 612 Street 4504 W Spruce St City Tampa State Florida ZIP Code + 4 33607	15.d. Amount 14,233 15.e. Purpose Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively

Name of Person Filing: Carina Hunt

File Number C- 00691

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. Employer Name: Novato Healthcare	15.b. Trade Name, If any:
15.c. To Whom Paid Name Sherwood Cox Title Consultant Organization P.O. Box, Building and Room Number, if any Street 14426 Silverbrook Drive City Tustin State California ZIP Code + 4 92780	15.d. Amount 19,576 15.e. Purpose Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively

15.a. Employer Name: Freemenot Rideout Memorial Hospital	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jose Salgado Title President Organization LSB LLC P.O. Box, Building and Room Number, if any 612 Street 4504 W Spruce St City Tampa State Florida ZIP Code + 4 33607	15.d. Amount 25,301 15.e. Purpose Engagaed to communicate with employees regarding exercizing their rights to organize and bargain collectively

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose