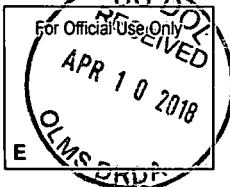


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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

674695

1. File Number C- 0755	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2017		12 / 31 / 2017

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Deborah Long
Title	
Organization	Healthcare Labor Solutions
P.O. Box, Building and Room Number, if any	Suite 251-151
Street	4843 Colleyville Blvd.
City	Colleyville
State	Texas
ZIP Code + 4	76034
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 <u>Deborah Long</u> President (if other title, see instructions) Title <u>President</u>	18. Signed <u>Deborah Long</u> Treasurer (if other title, see instructions) Title <u>Treasurer</u>
On <u>03 / 25 / 2018</u> <u>855-424-9799</u> Date Telephone Number	On <u>03 / 25 / 2018</u> <u>855-424-9799</u> Date Telephone Number

Name of Person Filing: Deborah Long	File Number C- 0755
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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):

Employer: Baystate Health

Trade Name:

Attention To: Paula Squires

Title:

Mailing Address:

P.O. Box, Building and Room Number, if any:

Street: 280 Chestnut Street

City: Springfield

State: Massachusetts ZIP Code + 4: 01199

5.b. Termination Date: 07/19/2017

5.c. Amount: 129,262

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: 2,146,842

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		
Robert Long	58,000		58,000	9. Office and Administrative Expenses	55,200
Deborah Long	15,000		15,000	10. Publicity	0
Timothy Long	12,000	0	12,000	11. Fees for Professional Services	1,160,536
Cody Long	5,000		5,000	12. Loans Made	
Kaydee Long	5,000		5,000	13. Other Disbursements	836,106
8. Total disbursements to officers and employees:				95,000	14. Total Disbursements (Sum of Items 8-13): 2,146,842

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.

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

Name of Person Filing: Deborah Long		File Number C- 0755	
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 <u>Benefis Health System</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>150 South Fifth St.</u>	
Attention To: <u>Terry</u> <input type="checkbox"/> <u>Olinger</u>		City <u>Great Falls</u>	
Title <u></u>		State <u>Montana</u> ZIP Code + 4 <u>59405</u>	
5.b. Termination Date <u>04/06/2017</u>		5.c. Amount <u>160,074</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Loma linda University Medical Center</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>11234 Anderson St.</u>	
Attention To: <u>Kent</u> <input type="checkbox"/> <u>Hansen</u>		City <u>Loma Linda</u>	
Title <u></u>		State <u>California</u> ZIP Code + 4 <u>92354</u>	
5.b. Termination Date <u>02/22/2017</u>		5.c. Amount <u>71,696</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>DaVita, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>2000 16th Street</u>	
Attention To: <u>Michael</u> <input type="checkbox"/> <u>Freimann</u>		City <u>Denver</u>	
Title <u></u>		State <u>Colorado</u> ZIP Code + 4 <u>80202</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>566,394</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Lowell General Hospital</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>295 Varnum Ave.</u>	
Attention To: <u>Sabrina</u> <input type="checkbox"/> <u>Grandville</u>		City <u>Lowell</u>	
Title <u></u>		State <u>Massachusetts</u> ZIP Code + 4 <u>01854</u>	
5.b. Termination Date <u>10/18/2017</u>		5.c. Amount <u>366,170</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>West Anaheim Medical Center</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>3033 E. Guasti Road</u>	
Attention To: <u>Mary</u> <input type="checkbox"/> <u>Schottmiller</u>		City <u>Ontario</u>	
Title <u></u>		State <u>California</u> ZIP Code + 4 <u>91761</u>	
5.b. Termination Date <u>06/20/2017</u>		5.c. Amount <u>129,035</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Palo Alto Medical Foundation</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>795 El Camino Real</u>	
Attention To: <u>Katie</u> <input type="checkbox"/> <u>Borges</u>		City <u>Palo Alto</u>	
Title <u></u>		State <u>California</u> ZIP Code + 4 <u>94301</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>171,706</u>	

Name of Person Filing: Deborah Long		File Number C- 0755	
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	Sutter Medical Center, Sacramento	P.O. Box, Bldg., Room No., if any	Suite 200
Trade Name		Street	2880 Gateway Oaks Drive
Attention To:	Colleen Peschel	City	Sacramento
Title		State	California
		ZIP Code + 4	95833
5.b. Termination Date Ongoing		5.c. Amount 154,171	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Southern Ocean Medical Center	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1140 Route 72 West
Attention To:	Sherrie String	City	Manahawkin
Title		State	New Jersey
		ZIP Code + 4	08050
5.b. Termination Date 05/05/2017		5.c. Amount 131,159	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Alta Bates Summit Medical Center	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	350 Hawthorne Ave.
Attention To:	Christine Green	City	Oakland
Title		State	California
		ZIP Code + 4	94609
5.b. Termination Date 09/12/2017		5.c. Amount 30,567	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Sutter Health Shared Lab	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2950 Collier Canyon Rd.
Attention To:	Melanie Firpo	City	Livermore
Title		State	California
		ZIP Code + 4	94551
5.b. Termination Date 09/14/2017		5.c. Amount 168,368	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Torrence Memorial Medical Center	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	3330 Lomita Blvd.
Attention To:	Ingrid Cobb	City	Torrance
Title		State	California
		ZIP Code + 4	90505
5.b. Termination Date 10/05/2016		5.c. Amount 5,722	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Sutter Delta Medical Center	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	3901 Lone Tree Way
Attention To:	Dan Baer	City	Antioch
Title		State	California
		ZIP Code + 4	94509
5.b. Termination Date 10/17/2016		5.c. Amount 62,518	