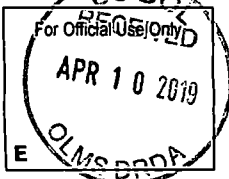


FORM LM-21

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

702038

1. File Number C-00780	2. Period Covered By This Report From: 01/01/2018 Through: 12/31/2018	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: Deborah Long Title: President Organization: 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: Deborah Long Title: President On: 03/29/2019 Date: 03/29/2019 Telephone Number: 877-424-9799	18. Signed: Deborah Long Title: Treasurer On: 03/29/2019 Date: 03/29/2019 Telephone Number: 877-424-9799
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Name of Person Filing: Deborah Long	File Number C- 00780
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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). Mailing Address:

Employer <input type="text" value="BJ Services, Inc."/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="11927 Greenstone Avenue"/>
Attention To <input type="text" value="Lesa"/> <input type="checkbox"/> <input type="text" value="Carter"/>	City <input type="text" value="Santa Fe Springs"/>
Title <input type="text"/>	State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="90670"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 45,743

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	
Deborah <input type="checkbox"/> Long <input type="checkbox"/>	10,000	0	10,000	9. Office and Administrative Expenses <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text" value="25,468"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:			10,000	14. Total Disbursements (Sum of Items 8-13) <input type="text" value="35,468"/>

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="checkbox"/> <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Deborah Long		File Number C- 00780	
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 Stanley G. Falk School		P.O. Box, Bldg., Room No., if any	
Trade Name Child and Family Services		Street 330 Delaware Avenue	
Attention To: William Dimmig		City Buffalo	
Title		State New York	ZIP Code + 4 14202
5.b. Termination Date 03/08/2018		5.c. Amount 4,969	
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	
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	