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. 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) or Ouggangesious READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT 702038 Month/Day/Year (mm/dd/yyyy) Month/Day/Year 2. Period Covered 1 . File Number C- 00780 (mm/dd/yyyy) By This Report From: 01 / 2018 Through: 31 / 2018 A. Person Filing ... 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Deborah Long Title President Title Organization Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Suite 251-151 Street 4843 Colleyville Blvd. Street City City Colleyville Texas ZIP Code + 4 76034 State ZIP Code + 4 State **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 18. Signed Treasurer (if other title, see (If other title, see Title President Treasurer instructions) instructions) 877-424-9799 03/29 / 2019 03 / 29 / 2019 877-424-9799 On Date Telephone Number Telephone Number Date

Name of Person Filing: Deborah Long					File Number C-	00780	
Name of Person Fining. Debot an Long					The Hamber O		
B. Statement of Receipts Report all receipts from or services.	employers in conne	ection with	labor relation	s advice or servi	ces regardless of	f the purpose	es of the advice
5.a. Name and Address of Employer (including trade name	e, if any).			lailing Address:			
Employer BJ Services, Inc.			P.O. Box, Building and Room Number, if any				
Trade Name	· · · · · · · · · · · · · · · · · · ·						
		<u> </u>		1927 Greenstone Avenue			
Attention To Lesa Car	ter		City Sa	anta Fe Springs			
Title			State Ca	lifornia		ZIP Code +	4 90670
5.b. Termination Date 05/04/2018			5.c. Amount	40,774			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	45,743						
		-27	- - -			-رخت	
M. F				•			
C. Statement of Disbursements Report all dist to the employ	oursements made bers listed in Part B.	y the repo	orting organiza	ation in connection	n with labor relat	tions advice of	or services rendered
7. Disbursements to Officers and Employees:		oenses (d) ¹	Totala				
(a) Name (Deborah Long	b) Salary (c) Exp	ol	10,000	Office and Administrative Expenses		enses	
Deboran J. Long	10,000		10,000	10. Publicity		enses	
	╼	==-		11. Fees for Professional Services		200	25,46
		=		12. Loans Made		23,40	
				13. Other Disbursements			
Total disbursements to officers and employees:	Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)			35,46
· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		
	 						
D. Schedule of Disbursements for Reportable A	ctivity Use thi		le to report on	ly disbursements	made for the pu	rposes desc	ribed in Part D of the
15.a. Employer Name:	110000		15.b. Trade	Name, If any:			
							٦
			<u> </u>	,			
15.c. To Whom Paid	ii		15.d. Amou	nt [٠	
Name L L			15.e. Purpo	se			
Title							
Organization	رخبدة عيب	، ستب سعد،]			خيب ہيں۔	وسد مستخشيج مديست
			1				
P.O. Box, Building and Room Number, if any							
Street							
City							
			11				
State ZIP	Code + 4						

Form LM-21 (2003)

Name of Person Filing: Deborah Long	File Number C- 00780	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:								
P.O. Box, Bldg., Room No., if any Employer Stanley G. Falk School								
····	Street 330 Del	aware Avenue						
			}					
Attention To: William Dimmig	City Buffalo							
Title	State New Yor	k 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: P.O. Box, Bldg., Room No., if any								
Employer								
Trade Name	Street							
Attention To:	City							
- Title	State	ZIP Code + 4						
F.L. Taminaka Data	E a Amount	1						
5.b. Termination Date	5.c. Amount							
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:								
[P.O. Box, Bldg., Ro	No., if any						
Employer L			·					
Trade Name	Street							
Attention To:	City	710 0.1						
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: P.O. Box, Bldg., Room No., if any								
Employer								
Trade Name	Street							
Attention To:	City		(
Title	State	ZIP Code + 4						
	·		==1					
5.b. Termination Date 5.c. Amount								
5.a. Name and Address of Employer (including trade name, If any).	Mailing A		l					
5	P.O. Box. Bldg., Ro	om No., if any						
Employer L	Street							
Trade Name Attention To:	City		}					
	State	ZIP Code + 4						
Title	State	21F CW6 + 4						
5.b. Termination Date	5.c. Amount							
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box. Bldg., Room No., if any								
Employer			1					
Trade Name	Street							
Attention To:	City							
Title	State	ZIP Code + 4						
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