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

Othis report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penaties as provided by 29 U.S.C. 439 or 440.

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) For Official Use Only 701968 APR 1 0 2019 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT MS DRO Month/Day/Year Month/Day/Year 1 . File Number C- 00755 2. Period Covered By This Report From: (mm/dd/yyyy) 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 Deborah Long Title Title President Organization Organization Healthcare Labor Solutions 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 ZIP Code + 4 76034 State Texas 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 18. Signed Treasurer (If other title, see (if other title, see President Treasurer instructions) instructions)

03/28

Date

Òn.

/ 2019

877-424-9799

Telephone Number

877-424-9799

Telephone Number

28

2019

03/

Name of Person Fi	ling:	Deborah Long					File Number C- 0	0755	
B. Statement of F	Rece	Ipts Report all receipts from or services.	n employers in	connection w	rith labor relation	ons advice or serv	ices regardless of the	e purposes	of the advice
5.a. Name and Addr	ess o	f Employer (including trade na	me, if any).		P.O. Box,	Mailing Address: Building and Roon	n Number, if any		
Employer P	alo	Alto Medical Foun	dation						
Trade Name					Street	751 Researc	h Park		
Attention To	Ka	tie Bo	orges		City	Soquel			
Title	<u> </u>				State	California	ZI	IP Code + 4	95073
					_				
5.b. Termination	Date	03/15/18			5.c. Amou	nt 48,831			_
6. TOTAL RECEI	PTS	FROM ALL EMPLOYERS	4,495,16	3					
-		والمستند ووقد شرابها	and the second				بالمناء المستاد المالية		
C. Statement of I	Dieh	ursements Report all di	shursements r	made by the re	enorting organ	zation in connecti	on with labor relation	ns advice or	services rendered
C. Statement of	J161J		yers listed in f		sporting organi	Zadon in Connecti	on with labor relation	is advice of	services rendered
7. Disbursements to (a) Name	o Off	cers and Employees:	(b) Salary	(c) Expenses (c	d) Totals				
Deborah		Long	260,000	0	·	9. Office and	Administrative Expens	ses	25,500
Cody	ĴĹ	Long	25,000	0	25,00	0 10. Publicity			0
Timothy		Long	40,000	0	40,00	0 11. Fees for P	rofessional Services		2,564,276
Kaydee		Long	15,000	0	15,00	0 12. Loans Mad	e		0
						13. Other Disb	ursements		
8. Total disbursen	nents	to officers and employees:			340,00	0 14. Total Disbu	sements (Sum of Item	ıs 8-13)	2,929,776
D. Schedule of D	isbu	rsements for Reportable			dule to report	only disbursement	s made for the purpo	oses descrit	ped in Part D of the
				instructions.	 				
15.a. Employer N	ame	:			15.b. Ira	de Name, If any:			1
<u> </u>					<u> </u>				1
15.c. To Whom P	aid				15.d. Am	ount			
Name _				<u></u>	15.e. Pur	ose			
Title									
Organization		**************			$\exists \parallel_{\bot_}$		ا بھوستان سات سات		
								:	
P.O. Box, Build	ding	and Room Number, if any							
Street [=					
City	_	<u> </u>	··· - · · · · · · · ·						
			D Code . 4 C		$\neg \parallel$				
State		······································	P Code + 4		ال_	·			
16. TOTAL DISBI	URS	EMENTS FOR ALL REPOR	RTABLE ACTI	VITY					

Form LM-21 (2003)

Name of Person Fi	ling: Deborah Long	!				File Number C	- 00755
B. Statement of F	Receipts Report all rec		in connection v	vith labor r	elations advice or s	ervices regardle	ess of the purposes of the
5.a. Name and Add	dress of Employer (inclu		ny).		Mailing Address:		
5	tter Medical Ce	nter Sacrament	· o	—, P.O. B	ox, Bldg., Room No.	, if any	
Trade Name	CCCI MEGICAI CE	neer bacramen		 Street	2880 Gateway	Oake Dr	
	Colleen	Peschel		City	Sacramento	Oaks DI.	
Title	Correen			State	California		ZIP Code + 4 95833
1100			J		California]= 5055 . [95833
5.b. Termination D	ate 06/22/18]	5.c. Amo	ount 467,409		
	dress of Employer (inclu	_		P.O. B c	Mailing Address:		
Employer Ca	lifornia Pacifi	c Medical Cent	er				
Trade Name				Street	2330 Buchana	n St.	
Attention To:	David	Cuesta		City	San Francisc	0	
Title	مستنبت حبيد بجميد			State	California		ZIP Code + 4 94115
5.b. Termination D	ate 05/10/2018]	5.c. Amo	ount 109,831		
5.a. Name and Add	dress of Employer (inclu	iding trade name, if a	ny).		Mailing Address:		
· –				P.O. B	ox, Blda., Room No.	, if any	<u> </u>
Employer Th	e Johns Hopkins	Hospital					
Trade Name				Street	600 North Wo	fe Street /	Osler 760
Attention To:	Kristena	Lukish		City	Baltimore		
Title				State	Maryland		ZIP Code + 4 21287
5.b. Termination D	ate On Going			5.c. Amo	ount 761,096		
5.a. Name and Add	fress of Employer (inclu	ding trade name, if ar	ny).	P O B	Mailing Address: ox, Bldg., Room No.		
Employer To	wer Health			7	DA, Blag., Hoom No.	, ii arry	
Trade Name		·····		Street	420 S. Fifth	Avenue	
Attention To:	Tony	Crycewicz		City	West Reading		1
Title					Pennsylvania		ZIP Code + 4 19611
I							17011
5.b. Termination D	oate 06/30/2018			5.c. Amo	ount 12,109		
5.a. Name and Add	dress of Employer (inclu	ding trade name, if ar	ıy).	B O B	Mailing Address:		
Employee Lo	well General Ho	spital		P.O. B	ox. Blda Room No.	.п.апу	
Trade Name		<u> </u>		Street	295 Varnum Av	renue	
Attention To:	Sabrina	Granville_		City	Lowell		,]
Title	<u> </u>				Massachusetts	, , , , , , , , , , , , , , , , , , , 	ZIP Code + 4 01854
\				Į.		·	01034
5.b. Termination D	ate 10/18/2018			5.c. Amo	ount 70,925		
5.a. Name and Add	dress of Employer (inclu	ding trade name, if ar	ny).	PO P	Mailing Address: ox. Bldg., Boom No.		
Employer St	. Joesph Region	al Health Netw	ork		AN PENAL CIVILITY		
Trade Name				Street	1036 McArthur	Road	
l ř	John	Morahan		City	Reading]
Title					Pennsylvania		ZIP Code + 4 19605
5.b. Termination D.	ate 08/01/2018			'	ount 65,458		
)			<u>'</u>		· · · · L		

Name of Person Filing: Deb	oorah Long		•		File	Number C-	00755
B. Statement of Receipts	Report all rece		s in connection v	vith labor r	elations advice or servic	es regardles	ss of the purposes of the
5.a. Name and Address of E	Employer (includ	ling trade name, if a	ny).		Mailing Address:		
Employer Jefferso	n Frankfor	rd Hospital	··· · · · · · · · · · · · · · · · · ·	P.O. B	ox, Bldg., Room No., if a	ny	
Trade Name			- 	Street	4900 Frankford	Ave	
Attention To: Steve	 	Littleson		City	Philadelphia	nve.	
Title		Littleson			Pennsylvania		ZIP Code + 4 19124
						7	17124
5.b. Termination Date 12	/04/2018		<u></u>	5.c. Amo	unt 124,848	<u> </u>	
5.a. Name and Address of E		-		P.O. Bo	Mailing Address: px, Bldg., Room No., if ar	nγ	
Employer Sutter F	Roseville M	Medical Cente	r				
Trade Name				Street	1 Medical Plaza	Dr.	<u> </u>
Attention To: Linds	еу	Westerbeck		City	Roseville		
Title		<u> </u>		State	California	<u> </u>	ZIP Code + 4 95661
5.b. Termination Date 06/	/29/2018			5.c. Amo	ount 16,669		
5.a. Name and Address of E	Employer (includ	ling trade name, if a	ny).		Mailing Address:		
Employer DaVita 1	Inc.		· · · · · · · · · · · · · · · · · · ·	P.O. B	ox, Bldg., Room No., if a	<u>ny</u>	
Trade Name)	Street	2000 16th Street		
Attention To: Cait1:	in T	Moughon		City	Denver	****	
Title	<u> </u>	Modgiton		~	Colorado		ZIP Code + 4 80202
'''''					COTOTAGO		1-11-11-11-11-11-11-11-11-11-11-11-11-1
S. Franciscotica Bata Co.	0-1		1	E a A-ma	t 0 500 444	<u> </u>	
5.b. Termination Date On	Going			5.c. Amo	ount 2,500,444]	
5.b. Termination Date On 5.a. Name and Address of E	***************************************	ling trade name, if a	ny).		Mailing Address: ox, Bldg., Room No., if a	ny.	
	Employer (includ		ny).		Mailing Address:	ny	
5.a. Name and Address of E	Employer (includ			P.O. B	Mailing Address:		
5.a. Name and Address of E	Employer (includ	ttee		P.O. Bo	Mailing Address: ox, Bldg., Room No., if a		
5.a. Name and Address of E Employer The Hosp Trade Name Stand1	Employer (includ	hCare - Valle		P.O. Bo	Mailing Address: ox, Bldg., Room No., if an 555 W Las Posita		ZIP Code + 4 94588
5.a. Name and Address of Employer The Hosp Trade Name Stands Attention To: Scott	Employer (included in the Land Healt)	hCare - Valle		P.O. Bo Street City State	Mailing Address: ox, Bldg., Room No., if an 555 W Las Posita Pleasanton		ZIP Code + 4 94588
5.a. Name and Address of E Employer The Hosp Trade Name Stand1 Attention To: Scott Title	Employer (included ital Comming Ford Healt)	ttee nCare - Valle Gregerson	yCare	P.O. Bo Street City State	Mailing Address: ox, Bldg., Room No., if an 555 W Las Posita Pleasanton California		ZIP Code + 4 94588
5.a. Name and Address of Employer The Hosp Trade Name Standf Attention To: Scott Title 5.b. Termination Date 04/	Employer (included in the late of the late	ttee nCare - Valle Gregerson ling trade name, if a	yCare	P.O. Bo Street City State	Mailing Address: ox, Bldg., Room No., if and the state of	as Blvd.	ZIP Code + 4 94588
5.a. Name and Address of Employer The Hosp Trade Name Stand1 Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of Employer Sutter H	Employer (included in the late of the late	ttee nCare - Valle Gregerson ling trade name, if a	yCare	P.O. Bo	Mailing Address: ox, Bldg., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldg., Room No., if an	as Blvd.	ZIP Code + 4 94588
5.a. Name and Address of Employer The Hosp Trade Name Standi Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of Employer Sutter H Trade Name	Employer (included in the late of the late	Care - Valle Gregerson ling trade name, if a	yCare	P.O. Books Street Street Street 5.c. Amount P.O. Books Street	Mailing Address: ox, Bldq., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldq., Room No., if an 2950 Collier Car	as Blvd.	ZIP Code + 4 94588
5.a. Name and Address of Employer The Hosp Trade Name Stands Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of Employer Sutter H Trade Name Attention To: Melani	Employer (included in the late of the late	ttee nCare - Valle Gregerson ling trade name, if a	yCare	P.O. Bo	Mailing Address: ox, Bldq., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldq., Room No., if an 2950 Collier Car Livermore	as Blvd.	
5.a. Name and Address of Employer The Hosp Trade Name Standi Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of Employer Sutter H Trade Name	Employer (included in the control of	Care - Valle Gregerson ling trade name, if a	yCare	P.O. Bo	Mailing Address: ox, Bldq., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldq., Room No., if an 2950 Collier Car	as Blvd.	ZIP Code + 4 94588 ZIP Code + 4 94551
5.a. Name and Address of Employer The Hosp Trade Name Stands Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of Employer Sutter H Trade Name Attention To: Melani	Employer (included it al. Commission of Health (1947) (194	Care - Valle Gregerson ling trade name, if a	yCare	P.O. Books Street Street 5.c. Amount P.O. Books Street	Mailing Address: ox, Bldq., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldq., Room No., if an 2950 Collier Car Livermore	as Blvd.	
5.a. Name and Address of Employer The Hosp Trade Name Standi Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of E Employer Sutter H Trade Name Attention To: Melani	Employer (included it al. Commission of Health (1947) (1947) (included it al. Commission of Health Share it	Gregerson Gregerson ling trade name, if a red Lab	yCare	P.O. Bookstreet State 5.c. Amount StreetCity State 5.c. Amount 5.c. Amou	Mailing Address: ox, Bldq., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldq., Room No., if an 2950 Collier Car Livermore California	as Blvd.	
5.a. Name and Address of Employer The Hosp Trade Name Standi Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of Employer Sutter H Trade Name Attention To: Melani Title 5.b. Termination Date 09/	Employer (included it al. Commission of Health (1947) (1947) (included it al. Commission of Health Share it	Gregerson Gregerson ling trade name, if a red Lab	yCare	P.O. Bookstreet State 5.c. Amount StreetCity State 5.c. Amount 5.c. Amou	Mailing Address: ox, Bldq., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldq., Room No., if an 2950 Collier Car Livermore California ount 15,240 Mailing Address:	as Blvd.	
5.a. Name and Address of Employer The Hosp Trade Name Standf Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of Employer Sutter H Trade Name Attention To: Melani Title 5.b. Termination Date 09/ 5.a. Name and Address of E	Employer (included it al. Commission of Health (1947) (1947) (included it al. Commission of Health Share it	Gregerson Gregerson ling trade name, if a red Lab	yCare	P.O. Bo	Mailing Address: ox, Bldq., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldq., Room No., if an 2950 Collier Car Livermore California ount 15,240 Mailing Address:	as Blvd.	
5.a. Name and Address of Employer The Hosp Trade Name Standf Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of Employer Sutter Horade Name Attention To: Melani Title 5.b. Termination Date 09/ 5.a. Name and Address of Employer Employer	Employer (included it al. Commission of Health (1947) (1947) (included it al. Commission of Health Share it	Gregerson Gregerson ling trade name, if a red Lab	yCare	P.O. Bo	Mailing Address: ox, Bldq., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldq., Room No., if an 2950 Collier Car Livermore California ount 15,240 Mailing Address:	as Blvd.	ZIP Code + 4 94551
5.a. Name and Address of Employer The Hosp Trade Name Stands Attention To: Scott Title 5.b. Termination Date 04/ 5.a. Name and Address of Employer Sutter Horade Name Attention To: Melani Title 5.b. Termination Date 09/ 5.a. Name and Address of Employer Trade Name	Employer (included it al. Commission of Health (1947) (1947) (included it al. Commission of Health Share it	Gregerson Gregerson ling trade name, if a red Lab	yCare	P.O. Bo	Mailing Address: ox, Bldq., Room No., if an 555 W Las Posita Pleasanton California ount 302,303 Mailing Address: ox, Bldq., Room No., if an 2950 Collier Car Livermore California ount 15,240 Mailing Address:	as Blvd.	