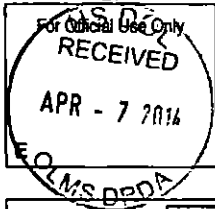


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

553882

1. File Number C- 755	2. Period Covered By This Report From: 01/01/2013 Through: 12/31/2013
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A. Person Filing

3. Name and mailing address (include ZIP Code):

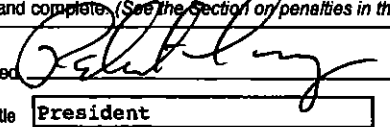
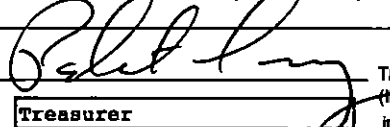
Name **Robert W Long**
Title **Chief Executive Officer**
Organization **Healthcare Labor Solutions**
P.O. Box, Building and Room Number, if any
L1-645
Street **27762 Antonio Parkway**
City **Ladera Ranch**
State **California** ZIP Code + 4 **92694**

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  Title President President (If other title, see instructions) On 03/06/2014 877-424-9799 Date Telephone Number	18. Signed  Title Treasurer Treasurer (If other title, see instructions) On 03/06/2014 877-424-9799 Date Telephone Number
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Name of Person Filing: Robert Long	File Number C- 755
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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 Sutter Care at Home	Mailing Address: P.O. Box, Building and Room Number, if any Suite 100
Trade Name	Street 1836 Sierra Gardens
Attention To Elise <input type="checkbox"/> Beckerman	City Roseville
Title Human Resource Executive	State California ZIP Code + 4 95661

5.b. Termination Date **11/18/2014** 5.c. Amount **20,709**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **20,709**

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 <input checked="" type="checkbox"/> W Long	14,000	4,709	18,709	9. Office and Administrative Expenses	2,000
<input type="checkbox"/>				10. Publicity	0
<input type="checkbox"/>				11. Fees for Professional Services	0
<input type="checkbox"/>				12. Loans Made	0
<input type="checkbox"/>				13. Other Disbursements	0
8. Total disbursements to officers and employees:			18,709	14. Total Disbursements (Sum of Items 8-13)	20,709

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