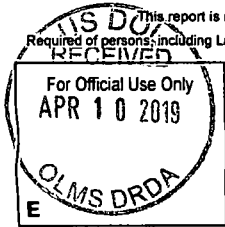


FORM LM-21

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

701968

1. File Number C-00755	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 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 Deborah Long Title President	President (if other title, see instructions)	18. Signed Deborah Long Title Treasurer	Treasurer (if other title, see instructions)
On 03/28/2019 877-424-9799 Date Telephone Number		On 03/28/2019 877-424-9799 Date Telephone Number	

Name of Person Filing: Deborah Long	File Number C- 00755
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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	Palo Alto Medical Foundation	P.O. Box, Building and Room Number, if any	
Trade Name		Street	2751 Research Park
Attention To	Katie <input type="checkbox"/> Borges	City	Soquel
Title		State	California
		ZIP Code + 4	95073
5.b. Termination Date		5.c. Amount	
03/15/18		48,831	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,495,163			

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	260,000	0	260,000	9. Office and Administrative Expenses	25,500
Cody	<input type="checkbox"/> Long	25,000	0	25,000	10. Publicity	0
Timothy	<input type="checkbox"/> Long	40,000	0	40,000	11. Fees for Professional Services	2,564,276
Kaydee	<input type="checkbox"/> Long	15,000	0	15,000	12. Loans Made	0
					13. Other Disbursements	
8. Total disbursements to officers and employees:				340,000	14. Total Disbursements (Sum of Items 8-13)	2,929,776

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"/> <input type="checkbox"/>		
Title		15.e. Purpose	
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State	ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: Deborah Long		File Number C- 00755	
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	
Trade Name		Street	2880 Gateway Oaks Dr.
Attention To:	Colleen <input type="checkbox"/> Peschel	City	Sacramento
Title		State	California ZIP Code + 4 95833
5.b. Termination Date 06/22/18		5.c. Amount 467,409	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	California Pacific Medical Center	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2330 Buchanan St.
Attention To:	David <input type="checkbox"/> Cuesta	City	San Francisco
Title		State	California ZIP Code + 4 94115
5.b. Termination Date 05/10/2018		5.c. Amount 109,831	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	The Johns Hopkins Hospital	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	600 North Wofe Street / Osler 760
Attention To:	Kristena <input type="checkbox"/> Lukish	City	Baltimore
Title		State	Maryland ZIP Code + 4 21287
5.b. Termination Date On Going		5.c. Amount 761,096	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Tower Health	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	420 S. Fifth Avenue
Attention To:	Tony <input type="checkbox"/> Crycewicz	City	West Reading
Title		State	Pennsylvania ZIP Code + 4 19611
5.b. Termination Date 06/30/2018		5.c. Amount 12,109	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Lowell General Hospital	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	295 Varnum Avenue
Attention To:	Sabrina <input type="checkbox"/> Granville	City	Lowell
Title		State	Massachusetts ZIP Code + 4 01854
5.b. Termination Date 10/18/2018		5.c. Amount 70,925	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	St. Joesph Regional Health Network	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1036 McArthur Road
Attention To:	John <input type="checkbox"/> Morahan	City	Reading
Title		State	Pennsylvania ZIP Code + 4 19605
5.b. Termination Date 08/01/2018		5.c. Amount 65,458	

Name of Person Filing: Deborah Long		File Number C- 00755	
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 Jefferson Frankford Hospital		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 4900 Frankford Ave.	
Attention To: Steve Littleton		City Philadelphia	
Title		State Pennsylvania ZIP Code + 4 19124	
5.b. Termination Date 12/04/2018		5.c. Amount 124,848	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sutter Roseville Medical Center		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1 Medical Plaza Dr.	
Attention To: Lindsey Westerbeck		City Roseville	
Title		State California ZIP Code + 4 95661	
5.b. Termination Date 06/29/2018		5.c. Amount 16,669	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer DaVita Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2000 16th Street	
Attention To: Caitlin Moughon		City Denver	
Title		State Colorado ZIP Code + 4 80202	
5.b. Termination Date On Going		5.c. Amount 2,500,444	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer The Hospital Committee		P.O. Box, Bldg., Room No., if any	
Trade Name Stanford HealthCare - ValleyCare		Street 555 W Las Positas Blvd.	
Attention To: Scott Gregerson		City Pleasanton	
Title		State California ZIP Code + 4 94588	
5.b. Termination Date 04/04/2018		5.c. Amount 302,303	
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 09/01/2018		5.c. Amount 15,240	
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 0	