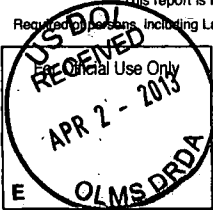


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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 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

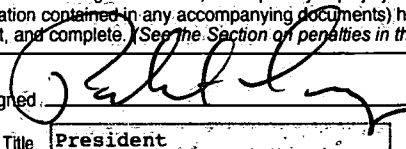
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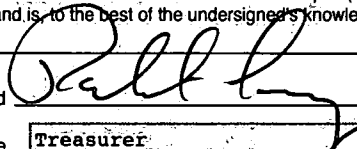
1. File Number C- 00724	2. Period Covered By This Report Month/Day/Year (mm/dd/yyyy) From: 01/01/2012 Through: 12/31/2012
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Robert W Long	Name
Title Chief Executive Officer	Title
Organization American Labor Relations Services, Inc.	Organization
P.O. Box, Building and Room Number, if any L1-645	P.O. Box, Building and Room Number, if any
Street 27762 Antonio Parkway	Street
City Ladera Ranch	City
State California ZIP Code + 4 92694	State ZIP Code + 4
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  President
(if other title, see instructions)
Title **President**
On **03/26/2013** **855-424-9799**
Date Telephone Number

18. Signed  Treasurer
(if other title, see instructions)
Title **Treasurer**
On **03/26/2013** **855-424-9799**
Date Telephone Number

Name of Person Filing: Robert Long

File Number C- 00724

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, Building and Room Number, if any

Employer Weststar

Trade Name

Street

5760 East Lerdo Hwy.

Attention To Dan

Corriea

City

Shafter

Title

State

California

ZIP Code + 4

93263

5.b. Termination Date 06/23/2012

5.c. Amount 4,542

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 4,542

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 W Long	1,000	0	1,000	9. Office and Administrative Expenses	-500
				10. Publicity	0
				11. Fees for Professional Services	2,779
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	4,279

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

Name

Title

Organization

15.d. Amount

15.e. Purpose

P.O. Box, Building and Room Number, if any

Street

City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY