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 10-31-2013

This report is mandatory under P.L. 88-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required the providing 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

6177/9

1 . File Number C- 00755	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyr) Month/Day/Year (mm/dd/yyyr)						
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	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 27762 Antonio Parkway City Ladera Ranch State California ZIP Code + 4 92694	Street City 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 of Benalties in the instructions).							
17. Signed President (if other title, see Instructions)	18. Signed Treasurer (If other title, see instructions)						
On 03/20/2016 877-424-9799 Date Telephone Number	On 03/20 / 2016 877-424-9799 Date Telephone Number						

Name of Person Filing	: Robert L	ong						File Number C-	00755		
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B. Statement of Rec	eipts Report a or services.	Il receipts fron	n employers ir	n connect	tion with	h labor relati	ons advice or serv	ices regardless of	the purposes	of the advice	
5.a. Name and Address of Employer (including trade name, if any).						P.O. Box	Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Sut	Employer Sutter Memorial Medical Center										
Trade Name					Street	Street 1700 Coffee Road					
Attention To Paula Rafala					City	Modesto					
Title Director, Human Resoures State California ZIP Code + 4 95355							95355				
5.b. Termination Dat						5.c. Amoi	5.c. Amount 308,025				
6. TOTAL RECEIPTS	FROM ALL E	MPLOYERS	370,058								
									-		
C. Statement of Dis	bursements	Report all di	sbursements	made by	the rep	orting organ	ization in connecti	on with labor relation	ons advice or	services rendered	
		to the emplo	yers listed in l	Part B.	•	5 5					
7. Disbursements to Of (a) Name	ficers and Emple	oyees:	(b) Salary	(c) Exper	nses (d)	Totals					
Robert	Long		50,000		0	50,00	9. Office and	Administrative Expe	enses	24,000	
	JĹ						10. Publicity			0	
							11. Fees for P	ofessional Service	s	226,252	
							12. Loans Mad	е		0	
							13. Other Disb	ursements		0	
8. Total disbursemen	ts to officers ar	nd employees	:			50,00	0 14. Total Disbur	14. Total Disbursements (Sum of Items 8-13)			
					-						
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the								ed in Part D of the			
instructions.											
15.a. Employer Name:						15.0. Ha	5.b. Trade Name, If any:				
								<u> </u>			
15.c. To Whom Paid											
Name 15.e. Purpose											
Title											
Organization						۱۱۱					
	·					-		-	*		
P.O. Box, Building	and Room Nu	umber, if any				-					
Street											
City											
State Washing	ton	ZI	P Code + 4			וור					
16. TOTAL DISBURS	SEMENTS FOR	R ALL REPOF	TABLE ACTI	VITY		-					
1											

Form LM-21 (2003)

Name of Person Filing: Robert 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 Huntington Hospital	P.O. Box, Bldg., Room No., if any					
Trade Name	Street 100 W. California Blvd.					
Attention To: Debora A Ortega	City Pasadenda					
Title Chief HR Officer/VP Admin Services	State California ZIP Code + 4 91109-7013					
onio in orizot, vi nami bezviceb	r					
5.b. Termination Date 05/26/2015	5.c. Amount 62,033					
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					
5.b. Termination Date	5.c. Amount 0					
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					
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	Street					
Trade Name	Street					
Attention To:	City					
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 L						
Trade Name	Street					
-Attention-To:	City					
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 L						
Trade Name	Street					
Attention To:	City					
Title	State ZIP Code + 4					
5.b. Termination Date	5.c. Amount					

Form LM-21 (2003)

Page 3 of 3