

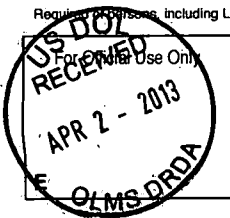
FORM LM-21

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 for 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

534871

1. File Number: C-00780	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2012		12 / 31 / 2012

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name: Robert W Long	4. Any other address where records necessary to verify this report are kept:
Title: Chief Executive Officer	Name:
Organization: Employer Labor Solutions	Title:
P.O. Box, Building and Room Number, if any: L1-645	Organization:
Street: 27762 Antonio Parkway	P.O. Box, Building and Room Number, if any:
City: Ladera Ranch	Street:
State: California ZIP Code + 4: 92694	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: [Signature] President (if other title, see instructions)
Title: President

18. Signed: [Signature] Treasurer (if other title, see instructions)
Title: Treasurer

On: 03 / 26 / 2013 855-424-9799
Date Telephone Number

On: 03 / 26 / 2013 855-424-9799
Date Telephone Number

Name of Person Filing: Robert Long

File Number C- 00780

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

JVS

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

Suite 700

Trade Name

Street

6505 Wilshire Blvd.

Attention To

Claudia

Finkel

City

Los Angeles

Title

State

California

ZIP Code + 4

90048

5.b. Termination Date

09/14/2012

5.c. Amount

64,269

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 64,269

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	15,235	1,575	16,810	9. Office and Administrative Expenses	1,800
						10. Publicity	0
						11. Fees for Professional Services	15,293
						12. Loans Made	0
						13. Other Disbursements	0
8. Total disbursements to officers and employees:					16,810	14. Total Disbursements (Sum of Items 8-13)	33,903

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

Title

Organization

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