

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 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

589717

1. File Number C- 00755

2. Period Covered
By This Report

Month/Day/Year
(mm/dd/yyyy)

From:

01 / 01 / 2014

Through:

Month/Day/Year
(mm/dd/yyyy)

01 / 31 / 2014

A. Person Filing

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

Name Robert 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)

18. Signed

Title Treasurer

Treasurer
(if other title, see
instructions)

On

03 / 30 / 2015

Date

877-424-9799

Telephone Number

On

03 / 30 / 2015

Date

877-424-9799

Telephone Number

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:

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

Employer Sutter Health

#349

Trade Name

Street

2200 River Plaza Dr.

Attention To

Jay

☐

Sharma

City

Sacramento

Title

Assistant General Counsel

State

California

ZIP Code + 4

95833

5.b. Termination Date 06/30/2012

5.c. Amount 102,796

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 402,347

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 type="checkbox"/>	Long	25,856	1,526	27,382	9. Office and Administrative Expenses	3,300
	<input type="checkbox"/>					10. Publicity	0
	<input type="checkbox"/>					11. Fees for Professional Services	219,181
	<input type="checkbox"/>					12. Loans Made	
	<input type="checkbox"/>					13. Other Disbursements	
8. Total disbursements to officers and employees:					27,382	14. Total Disbursements (Sum of Items 8-13)	249,863

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

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

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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, Bldg., Room No., if any

Employer Sutter Health

Suite 100

Trade Name

Street 1200 Scenic Drive

Attention To: Susan

Donker

City Modesto

Title Regional VP Human Resources

State California

ZIP Code + 4 95350

5.b. Termination Date 06/27/2014

5.c. Amount 243,788

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer LRI Consulting Services, Inc.

P.O. Box 1529

Trade Name

Street 7850-E South Elm Place

Attention To: Debbie

Barnett

City Broken Arrow

Title

State Oklahoma

ZIP Code + 4 74013

5.b. Termination Date 06/27/2014

5.c. Amount 55,763

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

City

Attention To:

State

Title

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

City

Attention To:

State

Title

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

City

Attention To:

State

Title

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

City

Attention To:

State

Title

ZIP Code + 4

5.b. Termination Date

5.c. Amount