

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 employers 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

617719

1. File Number C- 00755	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01/01/2015		12/31/2015

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
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	

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 03/20/2016	877-424-9799
Date	Telephone Number
18. Signed	Treasurer (if other title, see instructions)
Title	Treasurer
On 03/20/2016	877-424-9799
Date	Telephone Number

Name of Person Filing: Robert 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 Sutter Memorial Medical Center	P.O. Box, Building and Room Number, if any
Trade Name	Street 1700 Coffee Road
Attention To Paula <input type="checkbox"/> Rafala	City Modesto
Title Director, Human Resoures	State California ZIP Code + 4 95355

5.b. Termination Date **09/25/2015** 5.c. Amount **308,025**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **370,058**

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	50,000	0	50,000	9. Office and Administrative Expenses 24,000
				10. Publicity 0
				11. Fees for Professional Services 226,252
				12. Loans Made 0
				13. Other Disbursements 0
8. Total disbursements to officers and employees: 50,000				14. Total Disbursements (Sum of Items 8-13) 300,252

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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; width: 100px; display: inline-block;"></div> <input type="checkbox"/> <div style="border: 1px solid black; width: 100px; display: inline-block;"></div> Title <div style="border: 1px solid black; width: 200px; display: inline-block;"></div> Organization <div style="border: 1px solid black; width: 300px; display: inline-block;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 250px; display: inline-block;"></div> Street <div style="border: 1px solid black; width: 250px; display: inline-block;"></div> City <div style="border: 1px solid black; width: 150px; display: inline-block;"></div> State Washington ZIP Code + 4 <div style="border: 1px solid black; width: 50px; display: inline-block;"></div>	15.d. Amount <div style="border: 1px solid black; width: 100px; display: inline-block;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

