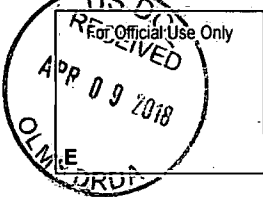


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 03-31-2019

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

674509

1. File Number C-00780	2. Period Covered By This Report: From: 01/01/2017 Through: 12/31/2017
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name: Deborah Long	Name:
Title:	Title:
Organization: Employer Labor Solutions	Organization:
P.O. Box, Building and Room Number, if any: Suite 251-151	P.O. Box, Building and Room Number, if any:
Street: 4843 Colleyville Blvd.	Street:
City: Colleyville	City:
State: Texas ZIP Code +4: 76034	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: Deborah Long Title: President On: 03/25/2017 Date: 03/25/2017 Telephone Number: 855-424-9799	18. Signed: Deborah Long Title: Treasurer On: 03/25/2017 Date: 03/25/2017 Telephone Number: 855-424-9799
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Name of Person Filing: Deborah Long	File Number C- 00780
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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).

Employer Einstein Health Network	Mailing Address: P.O. Box, Building and Room Number, if any Sheer Bldg.
Trade Name	Street 5501 Old York Rd.
Attention To Sarah <input type="checkbox"/> Cartin <input type="checkbox"/>	City Philadelphia
Title	State Pennsylvania ZIP Code + 4 19141

5.b. Termination Date 6/23/2017 5.c. Amount 581,838

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 816,251

**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 <input type="checkbox"/>	10,000	0	10,000	9. Office and Administrative Expenses	15,500	
Deborah <input type="checkbox"/> Long <input type="checkbox"/>	3,000		3,000	10. Publicity		
Timothy <input type="checkbox"/> Long <input type="checkbox"/>	3,000		3,000	11. Fees for Professional Services	418,641	
Cody <input type="checkbox"/> Long <input type="checkbox"/>	1,000		1,000	12. Loans Made		
Kaydee <input type="checkbox"/> Long <input type="checkbox"/>	1,000		1,000	13. Other Disbursements	364,110	
8. Total disbursements to officers and employees:				18,000	14. Total Disbursements (Sum of Items 8-13)	816,251

**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 <input type="checkbox"/> <input type="checkbox"/>	
Title <input type="checkbox"/>	
Organization <input type="checkbox"/>	15.e. Purpose
P.O. Box, Building and Room Number, if any <input type="checkbox"/>	
Street <input type="checkbox"/>	
City <input type="checkbox"/>	
State Washington ZIP Code + 4 <input type="checkbox"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Deborah Long		File Number C- 00780	
<b>B. Statement of Receipts</b> 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 <u>Child and Family Services</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>330 Delaware Ave.</u>	
Attention To: <u>William</u> <u>Dimmig</u>		City <u>Buffalo</u>	
Title <u></u>		State <u>New York</u> ZIP Code + 4 <u>14202</u>	
5.b. Termination Date <u>11/30/2017</u>		5.c. Amount <u>88,705</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Niagara Cutter, LLC</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>150 South Fifth St.</u>	
Attention To: <u>Brandon</u> <u>Smith</u>		City <u>Reynoldsville</u>	
Title <u></u>		State <u>Pennsylvania</u> ZIP Code + 4 <u>15851</u>	
5.b. Termination Date <u>06/09/2017</u>		5.c. Amount <u>98,491</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Central Coast Distributing</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>815 S. Blosser Road</u>	
Attention To: <u>Rey</u> <u>Haubruge</u>		City <u>Santa Maria</u>	
Title <u></u>		State <u>California</u> ZIP Code + 4 <u>93458</u>	
5.b. Termination Date <u>04/05/2017</u>		5.c. Amount <u>18,160</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Life Time Brands</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>12 Applegate Drive</u>	
Attention To: <u>John</u> <u>McCranor</u>		City <u>Robbinsville</u>	
Title <u></u>		State <u>New Jersey</u> ZIP Code + 4 <u>08691</u>	
5.b. Termination Date <u>10/05/2017</u>		5.c. Amount <u>29,057</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	