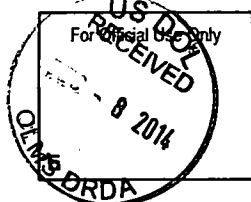


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

513589

1. File Number C-66020	2. Period Covered By This Report From: 01/01/2013 Through: 12/31/2013
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	EVELYN D FRAGOSO
Title	OWNER
Organization	QUALITY LABOR SOLUTIONS
P.O. Box, Building and Room Number, if any	
Street	2700 COURTLEIGH DR
City	BAKERSFIELD
State	California ZIP Code + 4 93309
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 On 12/01/2014 Date Telephone Number 310.729.6773	18. Signed Title Treasurer On Date Telephone Number
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Name of Person Filing: EVELYN FRAGOSO	File Number C- 66020
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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: PACIFIC LABOR SOLUTIONS

Trade Name:

Attention To: PETER QUIST

Title:

Mailing Address:

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

Street: 8086 SOUTH YALE AVE SUITE 225

City: TULSA

State: Oklahoma ZIP Code + 4: 74136

5.b. Termination Date:

5.c. Amount: 21,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 21,500

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	
EVELYN D FRAGOSO	18,000	3,500	21,500	9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			21,500	14. Total Disbursements (Sum of Items 8-13) 21,500

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: COLLEGE HOSPITAL

15.b. Trade Name, if any:

15.c. To Whom Paid

Name: EVELYN D FRAGOSO

Title:

Organization:

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

Street: 2700 COURTLEIGH DR

City: BAKERSFIELD

State: California ZIP Code + 4: 93309

15.d. Amount: 21,500

15.e. Purpose: COMMUNICATE WITH EMPLOYEES INFORMATION REGARDING COLLECTIVE BARGAINING AND ORGANIZING

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 21,500