

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

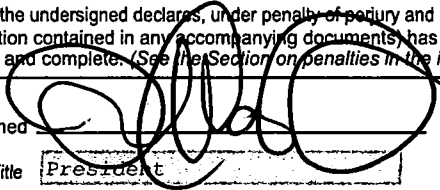
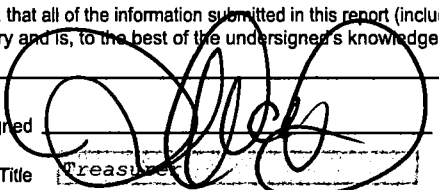
682567

1. File Number C-66020	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/2017		12/31/2017

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Evelyn D Fragoso
Title	President
Organization	Quality Labor Solutions
P.O. Box, Building and Room Number, if any	
Street	4859 West Slauson Ave #191
City	Los Angeles
State	California <input checked="" type="checkbox"/> ZIP Code + 4 90056
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	08/01/2018 310.729.6773
Date	Telephone Number
18. Signed 	Treasurer (If other title, see instructions)
Title	Treasurer
On	08/01/2018 310.729.6773
Date	Telephone Number

Name of Person Filing: Evelyn Fragoso

File Number C- 66020

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

Trade Name

Attention To

Title

Street

City

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

					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:					14. Total Disbursements (Sum of Items 8-13)	

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

15.a. Employer Name: Labcorp	15.b. Trade Name, if any:
15.c. To Whom Paid Name Evelyn Fragosa Title Organization Quality Labor Solutions P.O. Box, Building and Room Number, if any Street 6255 Condon Ave City Los Angeles State California ZIP Code + 4 90056	15.d. Amount 92,888 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Quest	15.b. Trade Name, if any:
15.c. To Whom Paid Name Evelyn Fragoso Title Organization Quality Labor Solutions P.O. Box, Building and Room Number, if any Street 6255 Condon Ave City Los Angeles State California ZIP Code + 4 90056	15.d. Amount 24,613 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525
--	----------------------

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: Williams-Sonoma, Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Evelyn Fragoso Title President Organization Quality Labor Relations Inst Inc P.O. Box, Building and Room Number, if any Street 6255 Condon Avenue City Los Angeles State CA ZIP Code + 4 90056	15.d. Amount 9,250 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.