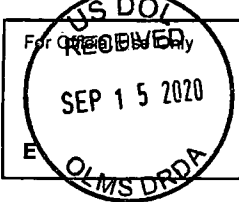


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

735057

1. File Number C- <u>66020</u>	2. Period Covered By This Report From: <u>1/1/2019</u>	Month/Day/Year (mm/dd/yyyy)	Through: <u>12/31/2019</u>	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Evelyn Fragoso</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name _____
Organization <u>Quality Labor Solutions</u>	Title _____
P.O. Box, Building and Room Number, if any _____	Organization _____
Street <u>4859 W Slauson Ave Suite 191</u>	P.O. Box, Building and Room Number, if any _____
City <u>Los Angeles</u>	Street _____
State <u>CA</u> ZIP Code + 4 <u>90056</u>	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 <u>[Signature]</u> Title <u>President</u> On <u>6/18/2020</u> <u>310-729-6773</u> Date Telephone Number	President (If other title, see instructions)	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>6/18/2020</u> <u>310-729-6773</u> Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: <u>Evelyn Frageso</u>	File Number C- <u>66020</u>
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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 <u>Johns Hopkins</u>	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street _____		
Attention To: <u>Craig Bradigan</u>	City _____		
Title _____	State _____ ZIP Code + 4 _____		

5.b. Termination Date <u>Aug '19</u>	5.c. Amount _____
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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: _____	15.e. Purpose
Title: _____	
Organization: _____	
P.O. Box, Building and Room Number, if any	
Street: _____	
City: _____	
State: _____ ZIP Code + 4 _____	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Evelyn Fogosa

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:

Employer: Beaumont Health

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

Trade Name _____

Street 26901

Attention To: Mike Woolsey

City Southfield

Title ~~Mike~~ HR VO operations

State Michigan ZIP Code + 4 48003

5.b. Termination Date

Ongoing

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 _____ ZIP Code + 4 _____

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY