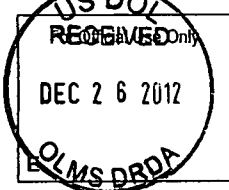


# FORM LM-21

## 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 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

508477

1. File Number C- 781	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 10 / 16 / 2011	Through:	Month/Day/Year (mm/dd/yyyy) 11 / 01 / 2011
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name EVELYN D FRAGOSO	Name
Title OWNER	Title
Organization	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 2700 COURTLEIGH DR	Street
City BAKERSFIELD	City
State California ZIP Code + 4 93309	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 ____/____/____ Date Telephone Number _____	President (if other title, see instructions)	18. Signed _____ Title Treasurer On ____/____/____ Date Telephone Number _____	Treasurer (If other title, see instructions)
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Name of Person Filing: EVELYN FRAGOSO	File Number C-
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<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).  Employer LABOR RELATIONS INSTITUTE Trade Name L.R.I. Attention To PHILIP WILSON Title PRESIDENT	Mailing Address: P.O. Box, Building and Room Number, if any PO Box 1529 Street 7850 South Elm Place City Broken arrow State OK ZIP Code + 4 74013
5.b. Termination Date	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

<b>C. Statement of Disbursements</b> 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	23703.00	3703.30	27406.30	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)	0

<b>D. Schedule of Disbursements for Reportable Activity</b> 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	