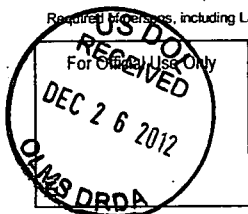


FORM LM-21

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 filers: 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

1. File Number C- 781	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		From: 11 / 15 / 2011		12 / 16 / 2011

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. 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 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 Oklahoma ZIP Code + 4 74013
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		
EVELYN D FRAGOSO	20,002	422.52	26424.52	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 Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		