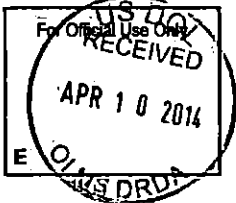


# FORM LM-21

## 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

554120

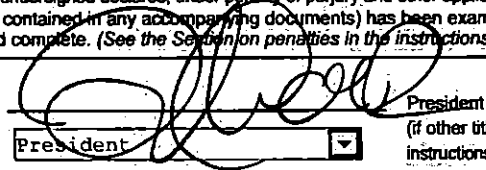
1. File Number C- <input type="text" value="66020"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2013"/> Through: <input type="text" value="01/01/2014"/>
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12.8.13

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="EVELYN"/> <input type="text" value="D"/> <input type="text" value="FRAGOSO"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="OWNER"/>	Name <input type="text"/>
Organization <input type="text" value="QUALITY LABOR SOLUTIONS INC"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any: <input type="text"/>	Organization <input type="text"/>
Street <input type="text" value="2700 COURTLEIGH, DR"/>	P.O. Box, Building and Room Number, if any: <input type="text"/>
City <input type="text" value="BAKERSFIELD"/>	Street <input type="text"/>
State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="93309"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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 <input type="text" value="President"/> <input type="text" value="President"/> (if other title, see instructions)	18. Signed _____ Title <input type="text" value="Treasurer"/> <input type="text" value="Treasurer"/> (if other title, see instructions)
On <input type="text" value="04/01/2014"/> <input type="text" value="661.735.5211"/> Date Telephone Number	On <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Telephone Number

Name of Person Filing:	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 INSTITUTION

Trade Name: L.R.I

Attention To: PHILIP ☐ WILSON

Title: PRESIDENT

Mailing Address:

P.O. Box, Building and Room Number, if any: P.O BOX 1529

Street: 7850. SOUTH ELM PLACE

City: BROKEN ARROW

State: Oklahoma ZIP Code + 4: 74103.

5.b. Termination Date: \_\_\_\_\_ 5.c. Amount: 13,378

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 13,378

**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 <input type="checkbox"/> D FRAGOSO	12,500	878	13,378	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:				13,378	14. Total Disbursements (Sum of Items 8-13) 13,378

**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: PRIMA BRAND GERAWAN FARMING INC

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: 13,378

15.e. Purpose: ENGAGED IN COMMUNICATE TO EMPLOYEES REGARDING EXERCISING THEIR RIGHT TO ORGANIZE AND BARGAIN COLLECTIVELY

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 13,378