

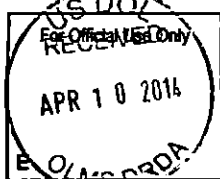
# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 08-31-2016

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

1. File Number C- <u>66050</u>	2. Period Covered By This Report From: <u>01/01/2013</u> Through: <u>12/31/2013</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>EVELYN</u> <u>D</u> <u>FRAGOSO</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>OWNER</u>	Name <u>                    </u>
Organization <u>QUALITY LABOR SOLUTIONS INC</u>	Title <u>                    </u>
P.O. Box, Building and Room Number, if any <u>                    </u>	Organization <u>                    </u>
Street <u>2700 COURTLEIGH DR</u>	P.O. Box, Building and Room Number, if any <u>                    </u>
City <u>BAKERSFIELD</u>	Street <u>                    </u>
State <u>California</u> ZIP Code + 4 <u>93309</u>	City <u>                    </u>
	State <u>                    </u> ZIP Code + 4 <u>                    </u>

### 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>04/01/2014</u> <u>661.735.5211</u> Date Telephone Number	18. Signed <u>                    </u> Title <u>Treasurer</u> On <u>                    </u> <u>                    </u> Date Telephone Number
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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: 0

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: 0

**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 <input type="checkbox"/> FRAGOSO	30,000	4,346	34,346	9. Office and Administrative Expenses
<input type="checkbox"/> <input type="checkbox"/> _____				10. Publicity
<input type="checkbox"/> <input type="checkbox"/> _____				11. Fees for Professional Services
<input type="checkbox"/> <input type="checkbox"/> _____				12. Loans Made
<input type="checkbox"/> <input type="checkbox"/> _____				13. Other Disbursements
8. Total disbursements to officers and employees:				34,346
				14. Total Disbursements (Sum of Items 8-13)
				34,346

**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: AEP

15.b. Trade Name, if any: \_\_\_\_\_

15.c. To Whom Paid:

Name: \_\_\_\_\_ ☐ \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

P.O. Box, Building and Room Number, if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: Washington ZIP Code + 4: \_\_\_\_\_

15.d. Amount: \_\_\_\_\_

15.e. Purpose: \_\_\_\_\_

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY