U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Equipmon 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

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1 . File Numbe	r C-[66020]	2. Period Covered	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	المان والمناهد المناهد	By This Report From	bearing Abandon Management	Through: 12/31/2017
		FIOIII	. [[01]/[01]/[201]/	[Iniodgii. [[12]/ [31]/[2017]
A. Person Fil	ing			· -
3. Name and mailing address (include ZIP Code):		4. Any other addre	ess where records necessa	ary to verify this report are kept:
Name	Evelyn D Fragoso	Name		
Title	President	Title		
Organizatio	Ouality Labor Solutions	Organization	ede generalisekendensegsprant produktiv per ila stansprotograpske illandise Minne gransam mangaranja mangaranjak pilipak persagi nasi kanak gidapan ma	
P.O. Box, B	uilding and Room Number, if any	P.O. Box, Build	ing and Room Number, if a	any
			engan kanan sagan daji dan menangan pangan ana	
Street 485	9 West Slauson Ave #191	Street	angingan gabagai kanan dan dan kanan dan kanan dan dan dan dan dan dan dan dan dan	
City Los Angeles		City		
State California ZIP Code + 4 90056		State	And the second s	ZIP Code + 4
		Signatures		
Each of the up	dersigned declares, under penalty of portury and other app	_	o information culturitted in th	nic roport (including the
information co correct, and co	ntained in any accompanying documents has been ex complete. See the Section on penalties in the instruction	amined by the signatory and is, to ons).	the best of the undersigne	s knowledge and belief, true,
17. Signed	Preside		Mok	Treasurer
Title I	resident (if other instruction	title, see ons) Title Tre	Pasib	(If other title, see instructions)
On 08/	01 / 2018 310-729.6773	On 108/01	/2018 310.729.	.6773
	Date Telephone Number	D	ate Telephon	e Number

Name of Person Filing: Evelyn Fragoso	File Number C - 66020		
B. Statement of Receipts Report all receipts from employers in connection with	labor relations advice or services renardless of the numbers	of the advice	
or services.	IdDUI Telduuris auvice or services regardiess of the purposes	Of the advice	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any		
Employer			
Trade Name	Street		
Attention To	City		
Participant of the control of the co	State ZIP Code + 4	4	
Title Institution of the control of	State ZIF COUG !	Same and the second a	
5.b. Termination Date	5.c. Amount		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		,	
C. Statement of Disbursements Report all disbursements made by the repo	orting organization in connection with labor relations advice or	r senices rendered	
to the employers listed in Part B.	itulig organization in connection with labor relations advice of	261 AICES LEUREIER	
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	Tafala		
(a) Name (b) Salary (c) Expenses (d) T	 		
	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)		
or four dispersion in the content of	171 Total biobalocificino (balli 5 ficilio 5 ficy)	 	
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes descri	bed in Part D of the	
15.a. Employer Name:	15.b. Trade Name, If any:		
Literative differential distribution of the control	45 d Amount	<u>4.</u>	
15.c. To Whom Paid	15.d. Amount		
Name	15.e. Purpose		
Title	The same of the sa		
Organization			
P.O. Box, Building and Room Number, if any			
F.O. Box, Building and Room Number, if any			
Street			
City			
State Washington ZIP Code + 4	Lande et aleman en		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Form LM-21 (2003)

15.a. Employer Name:	15.b. Trade Nan.e, If any:
Labcorp	
15.c. To Whom Paid	15.d. Amount 92,888
Name Evelyn Fragosa	15.e. Purpose
Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively
Organization Quality Labor Solutions	
P.O. Box, Building and Room Number, if any	
Street 6255 Condon Ave	
City Los Angeles	
State California ZIP Code + 4 90056	

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	15.b. Trade Name, 'f any:
15.a. Employer Name:	
Quest	
15.c. To Whom Paid	15.d. Amount 24,613
Fragoso Fragoso	15.e. Purpose
Name Everyn Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively
Organization Quality Labor Solutions	
P.O. Box, Building and Room Number, if any	
Street 6255 Condon Ave	
City Los Angeles	
State California ZIP Code + 4 90056	

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Name of Person Filing: LRI Consulting Services, Inc. File Number C- 00525

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.

instructions.				
15.a. Employer Name: Williams-Sonoma, Inc 15.c. To Whom Paid		15.b. Trade Name, if any:		
		15.d. Amount 9, 250		
Name Evelyn Title Presid Organization Qualit P.O. Box, Building and R	ent y Labor Relations Inst Inc	15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.		
Street 6255 Condo	n Avenue			
City Los Angele	s			
State CA	ZIP Code + 4 90056			

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