

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)



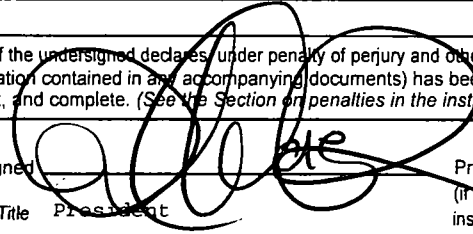
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 66020	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2016		12 / 31 / 2016

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Evelyn D Fragoso Title President 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 90256	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City 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 06 / 01 / 2017 Date 310.729.6773 Telephone Number	18. Signed _____ Title Treasurer On / / Date _____ Telephone Number
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Name of Person Filing: Evelyn Fragoso	File Number C- 66020
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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 LRI Consulting Service, Inc. Trade Name Attention To Phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74011
5.b. Termination Date 12.31.16	5.c. Amount 40,835
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 144,617	

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		
				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 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		

Name of Person Filing: Evelyn Fragoso	File Number C- 66020
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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 Hi-Shear Corp Trade Name Attention To: Jackie Garcia Title HR Director	Mailing Address: P.O. Box, Bldg., Room No., if any Street 2600 Skypark Dr City Torrance State California ZIP Code + 4 90509
5.b. Termination Date 12.31.16	5.c. Amount 42,158

5.a. Name and Address of Employer (including trade name, if any). Employer Reliant Trade Name Attention To: Joseph Brock Title President	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date 12.31.16	5.c. Amount 34,085

5.a. Name and Address of Employer (including trade name, if any). Employer Super Store Industries Trade Name Attention To: Dennis Franklin Title HR Director	Mailing Address: P.O. Box, Bldg., Room No., if any Street 2800 W. March Lane Suite 210 City Stockton State California ZIP Code + 4 95219
5.b. Termination Date 12.31.16	5.c. Amount 27,539

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525
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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.
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15.a. Employer Name: BYD Motors Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Evelyn Fragoso Title Organization Quality Labor Relations Inst Inc P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309	15.d. Amount 9,524 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Doubletree Papermills LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Evelyn Fragoso Title Organization Quality Labor Relations Inst Inc P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309	15.d. Amount 3,912 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: FedEx Freight Corporation	15.b. Trade Name, if any:
15.c. To Whom Paid Name Evelyn Fragoso Title Organization Quality Labor Relations Inst Inc P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309	15.d. Amount 4,419 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525
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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.
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15.a. Employer Name: Smart & Final	15.b. Trade Name, if any:
15.c. To Whom Paid Name Evelyn Fragoso Title Organization Quality Labor Relations Inst Inc P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309	15.d. Amount 15,054 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Via Christi Health Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Evelyn Fragoso Title Organization Quality Labor Relations Inst Inc P.O. Box, Building and Room Number, if any Street 2700 Courtleigh Drive City Bakersfield State CA ZIP Code + 4 93309	15.d. Amount 7,926 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: Joseph Brock

File Number C-

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: Seal Beach Health and Rehabilitation	15.b. Trade Name, If any:
15.c. To Whom Paid Name Evelyn Fragoso Title President 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	15.d. Amount 1,500 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Quest Diagnostics	15.b. Trade Name, If any:
15.c. To Whom Paid Name Evelyn Fragoso Title President 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	15.d. Amount 32,585 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name:	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 ZIP Code + 4	15.d. Amount 15.e. Purpose