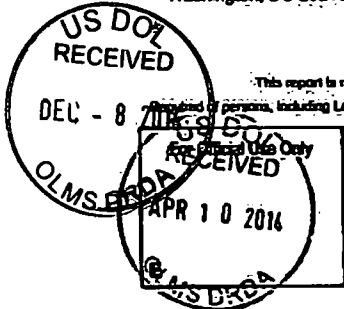


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

573590

1. File Number C- <u>66020</u>	2. Period Covered By This Report From: <u>01/01/2013</u> Through: <u>01/01/2014</u>
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12 81 13

A. Person Filing	
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> President (if other title, see instructions)	18. Signed <u> </u> Treasurer (if other title, see instructions)
Title <u>President</u>	Title <u>Treasurer</u>
On <u>04/01/2014</u> <u>661.735.5211</u>	On <u> </u> <u> </u>
Date Telephone Number	Date Telephone Number

Amended

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 INSTITUTE	P.O. Box, Building and Room Number, if any: P.O. BOX 1529
Trade Name: L.R.I.	Street: 7850 SOUTH ELM PLACE
Attention To: PHILIP <input type="checkbox"/> WILSON	City: BROKEN ARROW
Title: PRESIDENT	State: Oklahoma <input type="checkbox"/> ZIP Code + 4: 74103

5.b. Termination Date: 5.c. Amount: 27,541

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 27,541

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	21,000	6,541	27,541

8. Total disbursements to officers and employees: 27,541

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of Items 8-13)	27,541

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 GERMAN FARMING INC. *EA*

15.b. Trade Name, if any:

15.c. To Whom Paid

Name: EVELYN D FRAGOSO	15.d. Amount: 27,541
Title: <input type="text"/>	15.e. Purpose: ENGAGED IN COMMUNICATE TO EMPLOYEES REGARDING EXERCISING THEIR RIGHT TO ORGANIZE AND BARGAIN COLLECTIVELY
Organization: <input type="text"/>	

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

Street: 2700 COURTLEIGH DR

City: BAKERSFIELD

State: California ☐ ZIP Code + 4: 93309

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 27,541

> Rescare Inc. EA