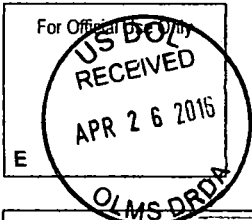


# FORM LM-21

## 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

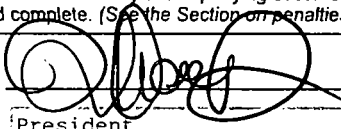
618734

1. File Number C-66020	2. Period Covered By This Report From: 01/01/2015 Through: 12/31/2015
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	EVELYN FRAGOSO
Title	OWNER
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
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		President (if other title, see instructions)	18. Signed		Treasurer (If other title, see instructions)
Title	President		Title	Treasurer	
On	04/01/2016	310.729.6773	On		
Date		Telephone Number	Date		Telephone 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 regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

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

Employer TRINITY INDUSTRIES INC

Trade Name

Street

2825 North Stemmons Freeway

Attention To

Elicia

Hunt

City

Dallas

Title

State

TX

ZIP Code + 4

75207

5.b. Termination Date

5.c. Amount 11,476

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 11,476

**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

Name

Title

Organization

15.d. Amount

15.e. Purpose

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY