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

Month/Day/Year

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

618743

2. Period Covered

Month/Day/Year

1 . File Number C66020	2. Period Covered By This Report  Month/Day/Year (mmldd/yyy) (mmldd/yyy)				
	From: 01 / 01 / 2015 Through: 12/31 / 2015				
A. Person Filing					
Name and mailing address (include ZIP Code):	ess (include ZIP Code):  4. Any other address where records necessary to verify this report are kept:				
Name EVELYN FRAGOSO	Name				
Title OWNER	Title				
Organization QUALITY LABOR SOLUTIONS Organization					
P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any					
Street 6255 CONDON AVE	Street				
City LOS ANGELES	City				
State California ZIP Code + 4 90056	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	18. Signed Treasurer (If other title, see				
Title President instructions)	Title Treasurer instructions)				
On 04/01/2016 310.729.6773	On//				
:Date Telephone Number	Date Telephone Number				

Name of Person Filing: EVELYN FRAGOSO	of Person Filing: EVELYN FRAGOSO			File Number C- 66020	
B. Statement of Receipts Report all receipts from employers or services.	in connection wi	th labor relation	s advice or services regardless of the purp	oses 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 PENTAIR WATER QUALITY SYSTEM					
Trade Name		Street Z	production of the second secon		
Attention To Defe Duve		City (			
Title		State	State NC ZIP Code + 4 4 2 75/8		
	المدر ومناهور والخافل وي <sup>ا</sup> واستثمار والمعارفة والمعارفة والم	-	antirologij Parian. Valdišanatinotas izvolazija je je i	4_4_4_0	
5.b. Termination Date		5.c. Amount	5.c. Amount 11,035		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 11,035					
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C. Statement of Disbursements Report all disbursement	ts made by the re	porting organiza	ation in connection with labor relations advi	ce or services rendered	
to the employers listed i					
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (d	) Totals			
			9. Office and Administrative Expenses	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	4		10. Publicity		
			11. Fees for Professional Services	,	
			12. Loans Made		
	*		13. Other Disbursements		
Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)		
D. Schedule of Disbursements for Reportable Activity	Use this Sched	lule to report or	ly disbursements made for the purposes d	escribed in Part D of the	
15.a. Employer Name:		15.b. Trade	15.b. Trade Name, If any:		
15.c. To Whom Paid		15.d. Amou	15.d. Amount		
Name		15.e. Purpo	15.e. Purpose		
Title			Total Autor		
Organization					
h and described in artistication and a transaction of a second to according to the second district and artistic	والمستمر ومرسيب فلمرك والمستمد	~			
P.O. Box, Building and Room Number, if any		_ <b>\</b> `			
المنافر المناف					
Street					
City					
State Washington ZIP Code + 4					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	TIVITY				

Form LM-21 (2003)