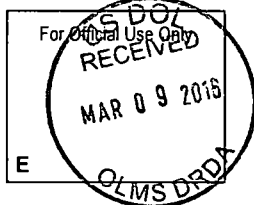


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

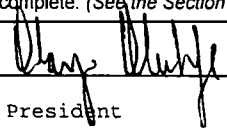
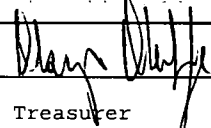
607407

1. File Number C- 66371	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2015	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2015
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Oluseyi Olowolafe Title Organization Omega Labor Solutions P.O. Box, Building and Room Number, if any Street 2307 Fenton Parkway Suite 107-221 City San Diego State California ZIP Code + 4 92108-4746	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 02 / 29 / 2016 619-385-2718 Date Telephone Number	18. Signed  Title Treasurer On 02 / 29 / 2016 619-385-2718 Date Telephone Number
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Name of Person Filing: Oluseyi Olowolafe	File Number C- 66371
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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 Alliance Ground International Trade Name Attention To Jared Azcuy Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 1950 NW 66th Avenue #708 City Miami State Florida ZIP Code + 4 33143
5.b. Termination Date 12/01/2015	5.c. Amount 51,740
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 94,527	

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	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: Oluseyi Olowolafe	File Number C- 66371
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer SCR Medical Transportation</p> <p>Trade Name</p> <p>Attention To: Erica Mosley</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8801-25 S. Greenwood Avenue</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60619</p>
5.b. Termination Date	5.c. Amount 23,470

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Ryder</p> <p>Trade Name</p> <p>Attention To: Anthony DeCosmo</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2205 W. 136th Avenue Suite 106</p> <p>City Broomfield</p> <p>State Colorado ZIP Code + 4 80023</p>
5.b. Termination Date 6/10/2015	5.c. Amount 19,317

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

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

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

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