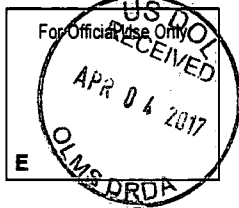


FORM LM-21

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

645032

1. File Number C- 66371	2. Period Covered By This Report From: 01 / 01 / 2016 Through: 12 / 31 / 2016	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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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 03 / 24 / 2017 Date 619-385-2718 Telephone Number	18. Signed Title Treasurer On 03 / 24 / 2017 Date 619-382-2718 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 American Ambulance Trade Name Attention To Michael Arguelles Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 6605 NW 74th Ave City Miami State Florida ZIP Code + 4 33166
5.b. Termination Date 06/10/2016	5.c. Amount 80,160
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 145,799	

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: 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 Cape Cod Ambulance- American Ambulance Trade Name Attention To: Charlie Maymon Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street 57 Mid Tech Drive City West Yarmouth State Massachusetts ZIP Code + 4 02673
5.b. Termination Date 08/31/2016	5.c. Amount 34,999

5.a. Name and Address of Employer (including trade name, if any). Employer Sysco- SE Florida Trade Name Attention To: Patrick Rodgers Title Vice President	Mailing Address: P.O. Box, Bldg., Room No., if any Street 1999 Martin Luther King Blvd City Rivera Beach State Florida ZIP Code + 4 33404
5.b. Termination Date 04/27/2016	5.c. Amount 30,640

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

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