

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 compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. ins, 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

6/8746

1 . Fite Number C-466020				2. Period Covered By This Report	Month/Day/Year (mm/sid/yyyy)		Month/Day (mm/dd/yy	w)				
				From:	01/01/2015	Through:	12 / 31	/ 2015				
A. Person	n Filing				· · · · · · · · · · · · · · · · · · ·							
3. Name and mailing address (include ZIP Code):			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. Bo	P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any											
				L								
Street	6255 CONDON AVE		Street									
City	LOS ANGELES			City								
State	California	▼ ZiP Code 1	+4 90056	State		ZIP Cod	e + 4					
							·					
		· · · · · · · · · · · · · · · · · · ·	Signa	,								
informatio	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. Signe		<u>)</u>	President (if other title, see				Treasurer	, see				
Title	e 'President	-]	instructions)	Title Trea	isurer		instructions)	ı				
On O	4/01/2016 310.72	9.6773		On/_	/							
	Date Telepho	one Number		Dat	e Telephon	Number						

Name of Person Filing: EVELYN FRAGOSO			File Number C- 66020				
B. Statement of Receipts Report all receipts from empl	overs in connection w	ith labor relatio	ns advice or services regardless of the our	poses of the advice			
or services.							
5.a. Name and Address of Employer (including trade name, if a	any).		Mailing Address: P.O. Box, Building and Room Number, if any				
Employer ROSS STORES		P.O. BOX, I	building and Room Number, it any				
Trade Name	د و معظم مدار باستفاده و معلم مدار در استفاده و مدار در استفاده و مدار در استفاده و مدار در استفاده و مدار در مدار و معامل مدار در استفاده و مدار در	Street	Street 111110 Pase made of				
عكافتا مساد الحكم فتسمع فمحرسا ارسيدان السالعات سينف			HUDIO ROCCIO DI				
Attention To Lenny Riel	O),	City					
Title	A PARTY TO SERVE THE SERVE	State	State CA ZIP Code + 4 94580				
5.b. Termination Date		5.c. Amou	5.c. Amount 15,787				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 15,	787			· · · · · · · · · · · · · · · · · · ·			
o. To the redem to thom the clim co tend 13,							
C. Statement of Disbursements Report all disburse	ements made by the re	eporting organiz	zation in connection with labor relations adv	rice or services rendered			
to the employers li	sted in Part B.						
7. Disbursements to Officers and Employees: (a) Name (b) Sa	lary (c) Expenses (d) Totals					
(c) (c)]	9. Office and Administrative Expenses				
an a			10. Publicity				
La Companya Cara Cara Cara Cara Cara Cara Cara Ca			11. Fees for Professional Services	\			
The second secon			12. Loans Made	<u> </u>			
		<u> </u>	13. Other Disbursements				
8. Total disbursements to officers and employees:		l	14. Total Disbursements (Sum of Items 8-13	2)			
o. Foldi dissorsements to onicers and employees.			14. Total Disbulsements (Sun of Reits & 1)	7 (
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D. Schedule of Disbursements for Reportable Activi	ty Use this Sche	dule to report o	only disbursements made for the purposes of	described in Part D of the			
	instructions.	<u> </u>					
15.a. Employer Name:		15.b. Trac	15.b. Trade Name, If any:				
		-	Andrew the real research for the control of				
15.c. To Whom Paid		15.d. Amo	unt (
Name		15.e. Puro	15.e. Purpose				
Title	The second						
Organization		[
Organization .							
B.O. Barr Building and Barry Musels of annual							
P.O. Box, Building and Room Number, if any							
Street	الطنسيحيي						
the real residence of the second							
City	الما المنافعين مهما المهادات						
State Washington ZIP Cod	e+4		- Line - Line -	×			

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY