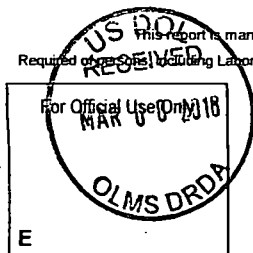


# FORM LM-21

## 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 only 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

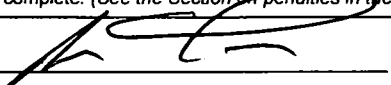
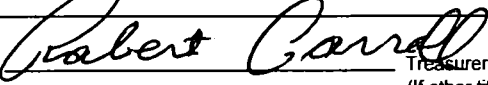
618201

1. File Number C- 00556	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2015	Through:	Month/Day/Year (mm/dd/yyyy) 05 / 15 / 2015
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Robert J Carroll	Name
Title Vice President	Title
Organization Permanent Solutions	Organization
P.O. Box, Building and Room Number, if any #374	P.O. Box, Building and Room Number, if any
Street 23772 West Road	Street
City Brownstown	City
State Michigan ZIP Code + 4 48183	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 02 / 27 / 2016 7344931568	Date Telephone Number	On 02 / 27 / 2016 7344931568	Date Telephone Number

Name of Person Filing: Robert Carroll	File Number C- 00556
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<b>B. Statement of Receipts</b> 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 Fisher Tanks	
Trade Name	Street 13884 Rengo Ave
Attention To Mark Fisher	City Kaleva
Title President	State Michigan ZIP Code + 4 49645
5.b. Termination Date 5/15/1015	5.c. Amount 246,103
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 246,103	

<b>C. Statement of Disbursements</b> 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		
Salvatore Castillo	124,500	17,512	142,012	9. Office and Administrative Expenses	
Robert J Carroll	94,625	9,466	104,091	10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			246,103	14. Total Disbursements (Sum of Items 8-13)	246,103

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: Permanent Solutions Labor Consultants	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 13,768	
Name Salvatore Castillo	15.e. Purpose	
Title Consultant	Engaged to communicate rights relative to union organizing and collective bargaining to employees.	
Organization Permanent Solutions Labor Consultants		
P.O. Box, Building and Room Number, if any #374		
Street 23772 West Road		
City Brownstown		
State Michigan ZIP Code + 4 48183		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 65,877		

Name of Person Filing: Robert Carroll

File Number C- 00556

**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:**

Permanent Solutions Labor Consultants

**15.b. Trade Name, If any:**

**15.c. To Whom Paid**

Name Robert J Carroll

Title Consultant *VICE PRESIDENT*

Organization Permanent Solutions Labor Consultants

P.O. Box, Building and Room Number, if any  
#374

Street 23772 West Road

City Brownstown

State Michigan ZIP Code + 4 48183

**15.d. Amount** 52,109

**15.e. Purpose**

Engaged to communicate rights relative to union organizing and collective bargaining to employees.

**15.a. Employer Name:**

**15.b. Trade Name, If any:**

**15.c. To Whom Paid**

Name

Title

Organization

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

Street

City

State ZIP Code + 4

**15.d. Amount**

**15.e. Purpose**

**15.a. Employer Name:**

**15.b. Trade Name, If any:**

**15.c. To Whom Paid**

Name

Title

Organization

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

Street

City

State ZIP Code + 4

**15.d. Amount**

**15.e. Purpose**