

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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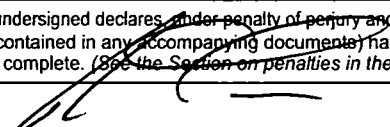
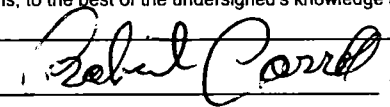
1. File Number C- 00556	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 10/17/2016	Through:	Month/Day/Year (mm/dd/yyyy) 11/3/2016
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A. Person Filing

3. Name and mailing address (include ZIP Code): Name Robert Carroll Title Executive 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 <input checked="" type="checkbox"/> ZIP Code + 4 48183	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
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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 11/26/2016 734 493 1568 Date Telephone Number	President (if other title, see instructions)	18. Signed  Title Other (Specify) <input checked="" type="checkbox"/> TREASURER On 11/26/2016 734-493-1568 Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Robert Carroll

File Number C-

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).

Mailing Address:

Employer Ciene Healthcare Management

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

700

Trade Name Autumwood of West Bloomfield

Street 4000 Town Center

Attention To Anis

Khan

City Southfield

Title

State Michigan

ZIP Code + 4 48075

5.b. Termination Date 11/3/2016

5.c. Amount 132,360

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 132,360

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		
Robert Carroll	46,350	2,502	48,852	9. Office and Administrative Expenses	
Douglas Grima	38,475	467	38,942	10. Publicity	
Sally Lollie	43,988	578	44,566	11. Fees for Professional Services	
		0	0	12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			132,360	14. Total Disbursements (Sum of Items 8-13)	132,360

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 Carroll

Title Executive 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

15.e. Purpose

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Robert Carroll

File Number C-

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Name

Douglas

Grima

Title

~~Executive Vice President~~ Consultant

Organization

Permanent Solutions Labor Consultants

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

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Street

23772 West Road

City

Brownstown

State Michigan

ZIP Code + 4 48183

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