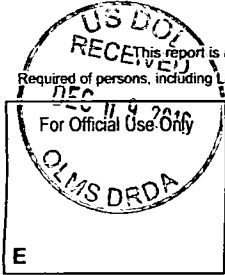


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019



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

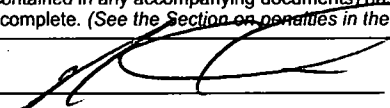
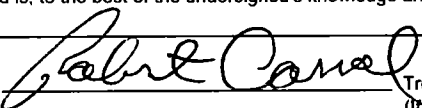
629928

1. File Number C-00556	2. Period Covered By This Report From: 09/06/2016 Through: 09/28/2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Robert Carroll
Title	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
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 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title	President	Title	Treasurer
On 11/23/2016	313-493-1568	On 11/24/2016	313-493-1568
Date	Telephone Number	Date	Telephone Number

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:

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

Employer Die Services International

Trade Name

Street

29700 William K. Smith Drive

Attention To Richard

Heidrich

City

New Hudson

Title

State

Michigan

ZIP Code + 4 48165

5.b. Termination Date 9/28/2016

5.c. Amount 122,404

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 122,404

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	51,125	694	51,819	9. Office and Administrative Expenses	
Armando	Talancon	27,000	3,264	30,264	10. Publicity	
Eddie	Navarro	34,625	5,696	40,321	11. Fees for Professional Services	
		0		0	12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				122,404	14. Total Disbursements (Sum of Items 8-13)	122,404

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

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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Permanent Solutions Labor Consultants

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Eddie

Navarro

Title

Vice President

Consultant

Organization

Permanent Solutions Labor Consultants

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

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Street

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Name of Person Filing: Robert Carroll

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

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Trade Name

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Attention To Richard

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City

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State

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5.b. Termination Date 9/28/2016

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Eddie	<input type="checkbox"/>	Navarro	34,625	5,696	40,321	11. Fees for Professional Services	
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15.a. Employer Name:

Permanent Solutions Labor Consultants

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Armando

☐ Talancon

Title

Vice President

Consultant

Organization

Permanent Solutions Labor Consultants

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

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