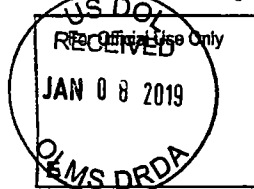


FORM LM-21

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

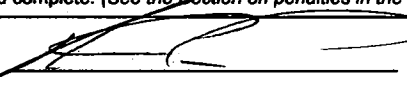
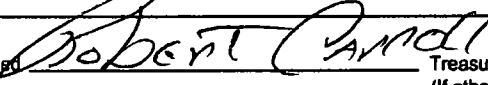
686811

1. File Number C- 00556	2. Period Covered By This Report From: 04 / 09 / 2018 Through: 05 / 04 / 2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Robert <input type="checkbox"/> Carroll	4. Any other address where records necessary to verify this report are kept:
Title Vice President	Name <input type="checkbox"/> <input type="checkbox"/>
Organization Permanent Solutions Labor Consultants	Title <input type="checkbox"/>
P.O. Box, Building and Room Number, if any 374	Organization <input type="checkbox"/>
Street 23772 West Road	P.O. Box, Building and Room Number, if any <input type="checkbox"/>
City Brownstown	Street <input type="checkbox"/>
State Michigan ZIP Code + 4 48183	City <input type="checkbox"/>
	State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>

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 	18. Signed 
Title President	Title Other (Specify)
On 12 / 10 / 2018 313-914-2017	On 12 / 10 / 2018 313-914-2017
Date Telephone Number	Date Telephone Number

Name of Person Filing: <u>Robert Carroll</u>	File Number C- <u>00556</u>
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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).		Mailing Address:	
Employer	<u>Evans Distribution Systems</u>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<u>18765 Seaway Drive</u>
Attention To	<u>Patrick</u> <input type="checkbox"/> <u>Swaney</u>	City	<u>Melvindale</u>
Title	<u>President</u>	State	<u>Michigan</u> ZIP Code + 4 <u>48122</u>

5.b. Termination Date 5-04-2018 5.c. Amount 40,922

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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	
<u>Stephen</u> <input type="checkbox"/> <u>Sestina</u>	<u>40,000</u>	<u>922</u>		9. Office and Administrative Expenses
<input type="checkbox"/> <input type="checkbox"/>				10. Publicity
<input type="checkbox"/> <input type="checkbox"/>				11. Fees for Professional Services
<input type="checkbox"/> <input type="checkbox"/>				12. Loans Made
<input type="checkbox"/> <input type="checkbox"/>				13. Other Disbursements
8. Total disbursements to officers and employees: <u>40,922</u>				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: <u>Permanent Solutions Labor Consultants</u>	15.b. Trade Name, if any: <u></u>
15.c. To Whom Paid Name <u>Stephen</u> <input type="checkbox"/> <u>Sestina</u> Title <u>Vice President</u> Organization <u>Permanent Solutions Labor Consultants</u> P.O. Box, Building and Room Number, if any <u>374</u> Street <u>23772 West Road</u> City <u>Brownstown</u> State <u>Michigan</u> ZIP Code + 4 <u>48183</u>	15.d. Amount <u>39,012</u> 15.e. Purpose <u>Engaged to communicate rights relative to union organizing and collective bargaining to employees.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY