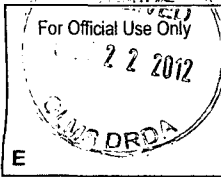


FORM LM-21

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

506619

1. File Number C-00556	2. Period Covered By This Report From: 06/09/2012 Through: 07/13/2012
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A. Person Filing

3. Name and mailing address (include ZIP Code):

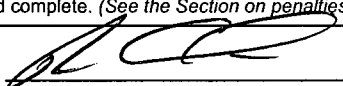
Name Robert ☐ Carroll
Title Executive Vice President
Organization Permanent Solutions
P.O. Box, Building and Room Number, if any
#374
Street 23772 West Rd
City Brownstown
State Michigan ZIP Code + 4 48183

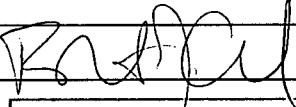
4. Any other address where records necessary to verify this report are kept:

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
Title President
On 07/20/2012 313.218.0371
Date Telephone Number

18. Signed  Treasurer
Title Other (Specify)
Executive Vice President
On 07/20/2012 313.218.0371
Date Telephone Number

Name of Person Filing: Robert Carroll

File Number C- 00556

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 Arc of Monroe

Trade Name

Street

2060 Brighton-Henrietta Townline RD

Attention To

Barbara

Wale

City

Rochester

Title

Director

State

New York

ZIP Code +4

14623

5.b. Termination Date 7/13/2012

5.c. Amount 404,055

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 404,055

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

Amed	Santana	28,800	5,000	33,800	9. Office and Administrative Expenses	0
Bob	Carroll	50,000	20,000	70,000	10. Publicity	
Johan	Pena	16,000	5,000	21,000	11. Fees for Professional Services	
		0	0	0	12. Loans Made	
		0	0	0	13. Other Disbursements	
8. Total disbursements to officers and employees:				124,800	14. Total Disbursements (Sum of Items 8-13)	124,800

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:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

15.d. Amount

Title

15.e. Purpose

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY