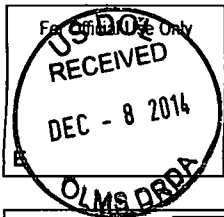


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

573592

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

1. File Number C- 00556	2. Period Covered By This Report From: 01/01/2014 Through: 08/06/2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Robert J Carroll
Title	Vice President
Organization	Permanent Solutions
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 11/10/2014	7344931568	On 11/10/2014	7344931568
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Robert Carroll	File Number C- 00556
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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 P.O. Box, Building and Room Number, if any

Trade Name Street

Attention To ☐ City

Title State ZIP Code + 4

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 531,597

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	
Salvatore <input type="checkbox"/> Castillo <input type="checkbox"/>	105,750	18,761	124,511	9. Office and Administrative Expenses <input type="text"/>
Jeff <input type="checkbox"/> Zeh <input type="checkbox"/>	57,037	1,168	58,205	10. Publicity <input type="text"/>
Robert <input type="checkbox"/> Carroll <input type="checkbox"/>	170,775	4,993	175,768	11. Fees for Professional Services <input type="text"/>
Stephen <input type="checkbox"/> Sestina <input type="checkbox"/>	154,912	3,375	158,287	12. Loans Made <input type="text"/>
Ricardo <input type="checkbox"/> Torres <input type="checkbox"/>	14,625	201	14,826	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:			531,597	14. Total Disbursements (Sum of Items 8-13) <input type="text" value="531,597"/>

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 ☐

Title

Organization

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

Street

City

State ZIP Code + 4

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 531,597

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

Jeff

☐ Zeh

Title

Consultant

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

58,205

15.e. Purpose

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

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

175,768

15.e. Purpose

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

15.a. Employer Name:

Permanent Solutions Labor Consultants

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Ricardo

☐ Torres

Title

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

14,826

15.e. Purpose

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

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 Stephen Sestina Title Consultant 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 158,287 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