U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Rijs report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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

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) RECEIVED Official Use Only JAN 0 9 2019 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT Month/Day/Year Month/Day/Year 1 . File Number C- 00556 2. Period Covered (mm/dd/yyyy) By This Report From: (mm/dd/yyyy) / 2018 10 / 18 28 Through: A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Robert Carroll Vice President Title Title Organization Permanent Solutions Labor Consultants Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any 374 Street 23772 West Road Street City Brownstown City Michigan ZIP Code + 4 48183 State ZIP Code + 4 State Signatures

Each of the undersigned declares, under penalty of perjury an information contained in any accompanying documents) ha correct, and complete. (See the Section on penalties in the	Ities of law, that all of the information submitted in this report (Including the he signatory and is, to the best of the undersigned's knowledge and belief, true,	
17. Signed	President (if other title, see instructions)	18. Signed Dobert Of Treasurer Title Other (Specify) (If other title, see instructions)
On 12/10/2018 313-914-2017 Telephone Number		On 12 / 10 / 2018 313-914-2017 Telephone Number

Name of Person Filing: Subart Carrull File Number C- 2556												
Disco Carron												
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 Beaumont Medical Transportation						1.0. Son, Saliding and Vestil Helinson, in any						
Trade Name						Street	eet 25400 West 8 Mile					
Attention To	Gr	eg Be	auchemin]	City	Southfield					
Title	Pre	esident				State	Michigan	lichigan ZIP Code		+ 4	48034	
	-								•			
5.b. Termination	Date	10=18-2018				5.c. Amo	unt [87,500					
6. TOTAL RECE	PTS	FROM ALL EMPLOYERS										
t												
C. Statement of	Disb		sbursements r yers listed in F		ne repo	rting orgai	nization in connection	on with labor relati	ions advice	or	services rende	erea
	to Off	icers and Employees:	a		4.5.							
(a) Name		10	(b) Salary	(c) Expens	es (d) 1	otals				_		
Robert	<u> </u>	Carroll	17,000	<u></u>	4			Administrative Exp	enses	-	L	
Stephen	<u> </u>	Sestina	13,000	<u> </u>	#-		10. Publicity	-				=
Douglas	<u> </u>	Grima	6,000	<u> </u>	#		_	ofessional Service	98	_		_
Tim Erasmo	4	Singhel Navarro	7,200	<u> </u>	#		12. Loans Made	13. Other Disbursements		\vdash		
	<u> </u>	s to officers and employees:		<u>L</u>				14. Total Disbursements (Sum of Items 8-13)		<u> </u>		
6. Total disburse	ment	s to onicers and employees.		ļ			14. Total Disburs	Serients (Sum of th	61115 0-13)	<u> </u>		
D. Schedule of	Disb	irsements for Reportable		Use this S		e to report	only disbursement	made for the put	rposes des	crib	ed in Part D o	of the
15.a. Employer	Name	:				15.b. Tra	ade Name, If any:			-		
												
15.c. To Whom	Daid					15 d An	ount 17,000				·	
	Rob	ert Carr	roll			13.u. All	17,000					
Name					_	15.e. Purpose [Engaged to communicate rights relative to union organizing ans						
Title Vice President							ed to communica ive bargainiing to		e to union	OIĘ	janizing ans	1
Organization Permanent Solutions Labor Consultants								, ,				l
P.O. Box, Building and Room Number, if any]						
374												
Street 23772 West Road												
City Brow	nstov	vn										
State Michi	gan	ZI	P Code + 4 4	8183			· · · · · · · · · · · · · · · · · · ·		. <u></u> .			
		EMENTS FOR ALL DEPOR									-	

Form LM-21 (2003) Page 2 of 2

Name of Person Filing: Wobert Carroll 1 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 Ad	5.a. Name and Address of Employer (including trade name. if any). Mailing Address:										
Employer	Employer Beaumont Medical Transportation					P.O. Box, Building and Room Number, If any					
Trade Name				! S	Street [25400 West 8 Mile					
Attention To Greg Beauchemin			c	L	Southfield						
		٦.		Michigan ZIP Code + 4 48034			49024				
Title	Fre	Sident	· · · · · · · · · · · · · · · · · · ·		_j s	State [viidiigari	ZIP Code	+4	48034	
5.b. Termination	n Date	10=18-2018			5	i.c. Amou	nt 87.500				
6. TOTAL RECE	IPTS	FROM ALL EMPLOYER	lS .								
					-						
C. Statement of	Dich	recements Poport o	II dichumomonto	made by the	maatis	na omani	zation in connection with labor re	lations achies		continue tondated	
C. Statement of	יטפוט		iployers listed in F		reporui	ng organi	Zadon in Connection with labor 10	siauoris auvice	1015	ervices rendered	
7. Disbursements (a) Name	to Offi	cers and Employees:	(b) Salary	(c) Expenses	: (d) Tota	als					
Jose	-الـ	Agraz	12,400	(5) 2.450.1300	7		9. Office and Administrative I	xpenses			
Jose Jr.	٦Ē	Agraz	9,900				10. Publicity		1		
Carlos		Flores	14,000		1	• • • • • • • • • • • • • • • • • • • •	11. Fees for Professional Services		i		
					1		12. Loans Made	12. Loans Made			
							13. Other Disbursements	13. Other Disbursements			
8. Total disbursements to officers and employees:					87	150	14. Total Disbursements (Sum of Items 8-13)				
					-		•	•			
D. Schedule of	Dishu	rsements for Reportal	nle Activity (lee this Sah	andula te	- maari	antu diabumamanta mada far tha	numana dan	iba	and in Bort D of the	
			•	instructions.	ieodie (о героп (only disbursements made for the	purposes des	GIUE	an in Part D of the	
15.a. Employer	Name				1	15.b. Trad	de Name, If any:				
Permane	ent Sc	lutions Labor Consul	tants]						
15.c. To Whom	Paid				1	15.d. Amount 14,000					
Name	Carlo	os F	iores		- 1	45 - D					
Title	Vice	President				15.e. Purpose Engaged to communicate rights relative to union organizing ans					
collective bargaining to employees.]				
Organization Permanent Solutions Labor Consultants								\1			
P.O. Box Ruilding and Room Number if any							İ				
P.O. Box, Building and Room Number, if any									i		
Street 2377	2 Wes	st Road								-	
City Brow	nstow	n								į	
State Michi			ZIP Code + 4 4	8183	1						
	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY										
10. TOTAL DISBURGENIS FOR ALL REPORTABLE ACTIVITY											

Form LM-21 (2003)

Name of Person Filing: Robert Carroll		File Number C- 00556						
D. Schedule of Disbursements for Reporta	ble Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the						
15.a. Employer Name:		15.b. Trade Name, If any:						
Permanent Solutions Labor	Consultants							
15.c. To Whom Paid		15.d. Amount 13,000						
Name Stephen S	estina	15.e. Purpose						
Title Consultant		Engaged to communicate rights relative to union						
Organization Permanent Solutions	Labor Consultants	organizing ans collective bargainiing to employees.						
P.O. Box, Building and Room Number, if a	nny							
Street 23772 West Road								
City Brownstown								
State Michigan	ZIP Code + 4 48183							
15.a. Employer Name: Permanent Solutions Labor	Consultants	15.b. Trade Name, If any:						
	Constitution							
15.c. To Whom Paid	No. 2	15.d. Amount 6,000						
	Grima	15.e. Purpose						
Title Consultant		Engaged to communicate rights relative to union organizing ans collective bargaining to						
Organization Permanent Solutions	Labor Consultants	employees.						
D.O. David David David Name to a Ko								
P.O. Box, Building and Room Number, if a	iny							
Street 23772 West Road								
City Brownstown]							
State Michigan	ZIP Code + 4 48183							
15.a. Employer Name:		15.b. Trade Name, if any:						
Permanent Solutions Labor	Consultants							
15.c. To Whom Paid		15.d. Amount 8,000						
Name Tim S	singhel	15.e. Purpose						
Title Consultant		Engaged to communicate rights relative to union						
Organization Permanent Solutions	Labor Consultants	organizing ans collective bargainiing to employees.						
P.O. Box, Building and Room Number, if a	iny							
Street 23772 West Road								
City Brownstown]							
State Michigan	ZIP Code + 4 48183							
	1							

Name of Perso	n Filing: Robert Car	roll	File Number C- 00536							
O. 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. Employe		abor Consultants		15.b. Trade Name, If any:						
15.c. To Whom	n Paid			15.d. Amount 7,200						
Name	Erasmo	Navarro		15.e. Purpose						
Title	Consultant			Engaged to communicate rights relative to union organizing ans collective bargaining to						
Organizatio	n Permanent Solut	ions Labor Consu	ltants	employees.						
#37 Street 237	72 West Road wnstown	ber, if any ZIP Code + 4 48	8183							
15.a. Employe	ar Namo:			15 h Trado Namo If any						
1	nent Solutions Labor	Consultants		15.b. Trade Name, If any:						
15.c. To Whor	m Paid	···		15.d. Amount 12,400						
Name	Jose	Agraz		15.e. Purpose Engaged to communicate rights relative to union organizing ans collective bargainiing to employees.						
Title	Consultant									
Organization	Permanent Solution	s Labor Consultants								
P.O. Box, B	Building and Room Num	ber, if any								
#374	4									
	72 West Road									
<u> </u>	wnstown	71D O. da . 4 4	0400							
State Micl	nigan	ZIP Code + 4 48	8183	[L						
15.a. Employe				15.b. Trade Name, If any:						
Permai	nent Solutions Labor (Consultants								
15.c. To Whor		p		15.d. Amount 9,900						
Name	Jose Jr.	Agraz		15.e. Purpose						
Title	Connsultant			Engaged to communicate rights relative to union organizing ans collective bargainiing to employees.						
}	Permanent Solution									
P.O. Box, E #37	Building and Room Num 4	ber, if any								
Street 237	72 West Road									
City Brow	wnstown									
State Mich	nigan	ZIP Code + 4 48	8183							