

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

659334

1. File Number C-00556	2. Period Covered By This Report From: 12/21/2016 Through: 01/12/2017
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A. Person Filing

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

Name
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
State ZIP Code + 4

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 Title <input type="text" value="President"/> On <input type="text" value="12/01/2017"/> <input type="text" value="313-914-2017"/> Date Telephone Number	18. Signed Title <input type="text" value="Executive Vice President"/> On <input type="text" value="12/01/2017"/> <input type="text" value="313-914-2017"/> Date Telephone Number
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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 <input type="text" value="Laurel Health Care Company"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text" value="The Laurels of Mt Pleasant"/>	Street <input type="text" value="8181 Worthington Road"/>
Attention To <input type="text" value="Barbara"/> <input type="checkbox"/> <input type="text" value="Lombardi"/>	City <input type="text" value="Westerville"/>
Title <input type="text" value="Vice President of Operations"/>	State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="43082"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 107,815

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 <input type="checkbox"/> Carroll	32,513	3,562	36,075	9. Office and Administrative Expenses <input type="text"/>
Sally <input type="checkbox"/> Lollie	67,838	3,902	71,740	10. Publicity <input type="text"/>
<input type="checkbox"/> <input type="text"/>	0	0	0	11. Fees for Professional Services <input type="text"/>
<input type="checkbox"/> <input type="text"/>	0	0	0	12. Loans Made <input type="text"/>
<input type="checkbox"/> <input type="text"/>				13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:			107,815	14. Total Disbursements (Sum of Items 8-13) <input type="text" value="107,815"/>

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.

<p>15.a. Employer Name: <input type="text" value="Permanent Solutions Labor Consultants"/></p> <p>15.c. To Whom Paid</p> <p>Name <input type="text" value="Sally"/> <input type="checkbox"/> <input type="text" value="Lollie"/></p> <p>Title <input type="text" value="Consultant"/></p> <p>Organization <input type="text" value="Permanent Solutions Labor Consultants"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text" value="374"/></p> <p>Street <input type="text" value="23772 West Rd"/></p> <p>City <input type="text" value="Brownstown"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48183"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p> <p>15.d. Amount <input type="text"/></p> <p>15.e. Purpose <input type="text" value="Engaged to communicate rights relative to union organizing and collective bargaining to employees"/></p>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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 Laurel Health Care Company

Trade Name The Laurels of Mt Pleasant

Attention To Barbara Lombardi

Title Vice President of Operations

Street 8181 Worthington Road

City Westerville

State Ohio ZIP Code + 4 43082

5.b. Termination Date 01/12/2017

5.c. Amount 107,815

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 107,815

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	32,513	3,562	36,075	9. Office and Administrative Expenses	
Sally	Lollie	67,838	3,902	71,740	10. Publicity	
		0	0	0	11. Fees for Professional Services	
			0	0	12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				107,815	14. Total Disbursements (Sum of Items 8-13)	107,815

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 Executive Vice President

Organization Permanent Solutions Labor Consultants

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

374

Street 23772 West Rd

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