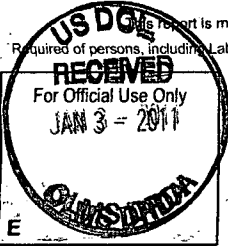


# FORM LM-21

## 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

441381

1. File Number C- 00556	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	07 / 06 / 2010		07 / 31 / 2010

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	Jaiver <input type="checkbox"/> Rojas
Title	Treasury
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	<input type="checkbox"/> <input type="checkbox"/>
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 12 / 02 / 2010	313-218-0371	On 12 / 02 / 2010	313-218-0371
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Jaiver Rojas

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:

Employer Millard Refriration Services

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

Trade Name

Street 9300 Jefferson Street

Attention To Nick

Dayan

City streetsboro

Title Human Resources

State Ohio

ZIP Code + 4 44241

5.b. Termination Date 7/31/10

5.c. Amount 178,271

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 178,271

**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	48,150	973	49,123	9. Office and Administrative Expenses	0
Marty	Dreiss	47,700	866	48,566	10. Publicity	0
Jim	Misercola	47,025	697	47,722	11. Fees for Professional Services	
Richard	Torres	31,275	1,585	32,860	12. Loans Made	
		0	0	0	13. Other Disbursements	
8. Total disbursements to officers and employees:				178,271	14. Total Disbursements (Sum of Items 8-13)	178,271

**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

15.d. Amount

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY