

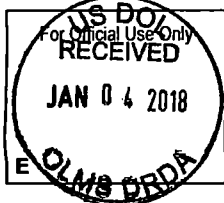
# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

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

659430

1. File Number C-00556	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 02/10/2017 Through: Month/Day/Year (mm/dd/yyyy) 03/03/2017
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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 Labor Consultants P.O. Box, Building and Room Number, if any: 374 Street: 23772 West Rd City: Brownstown Twp 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: [Signature] Title: President On: 12/01/2017 Date: 12/01/2017 Telephone Number: 313-914-2017	18. Signed: Robert Carroll Title: Other (Specify) Executive Vice President On: 12/01/2017 Date: 12/01/2017 Telephone Number: 313-914-2017
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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:

Employer Ciena Healthcare Management

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

700

Trade Name Hartford Nursing and Rehab

Street 4000 Town Center

Attention To Anis

Khan

City Southfield

Title

State Michigan

ZIP Code + 4 48075

5.b. Termination Date 03/03/2017

5.c. Amount 91,049

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 91,049

**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	44,325	2,892	47,217	9. Office and Administrative Expenses	
Sally Lollie	42,919	913	43,832	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:			91,049	14. Total Disbursements (Sum of Items 8-13)	91,049

**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

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 Ciena Healthcare Management

700

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Street 4000 Town Center

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City Southfield

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5.b. Termination Date 03/03/2017

5.c. Amount 91,049

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**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

Sally

Lollie

Title

Consultant

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