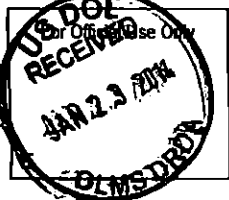


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This 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. 438 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

539 732

1. File Number C- 00556	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2013		11 / 25 / 2013

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Robert J 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
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	12 / 30 / 2013	On	12 / 30 / 2013
Date	313-914-2057	Date	313-914-2057
	Telephone Number		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: Kenco Management services P.O. Box, Building and Room Number, if any

Trade Name: Street: 2001 Riverside Drive

Attention To: Bill Lamar City: Chattanooga

Title: Human Resources State: Tennessee ZIP Code + 4: 37406

5.b. Termination Date: 11/25/2013 5.c. Amount: 15,549

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 15,549

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 checked="" type="checkbox"/> Carroll	7,875	2,116	9,991	9. Office and Administrative Expenses
Stephen <input type="checkbox"/> Sestina	3,900	1,658	5,558	10. Publicity
<input type="checkbox"/>				11. Fees for Professional Services
<input type="checkbox"/>				12. Loans Made
<input type="checkbox"/>				13. Other Disbursements
8. Total disbursements to officers and employees:			15,549	14. Total Disbursements (Sum of Items 8-13)
				15,549

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: Rocert ☒ 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:

15.e. Purpose: Management training, no employees involved.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY