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

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

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)

For Official Use Only	
00 2 2 2014	LLY BEFORE PREPARING THIS REPORT
506620	
1 . File Number C- 00556	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyr) Month/Day/Year (mm/dd/yyyr)    O6   O9   2012   Through:   O7   13   2012
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 Robert Carroll	Name
Title Executive Vice President	Title
Organization Permanent Solutions	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
#374	
Street 23772 West Rd	Street
City Brownstown	City
State Michigan ZIP Code + 4 48183	State ZIP Code + 4
	ntures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President	18. Signed Treasurer (If other title, see
Title President (if other title, see instructions)	Title Other (Specify) (Notice Index See Instructions)  Executive Vice President
On 07/20/2012 313.218.0371	On 07/20/2012 313.218.0371
Date Telephone Number	Date Telephone Number

5.a. Name and Address of Employer (including trade name, if any).  Employer Arc of Monroe  Trade Name  Attention To Barbara  Title Director  State New York  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  70,000  8,150  78,150  9. Office and Administrative Expenses  0  Daninal Block  50,000  10,200  60,200  10. Publicity  Johan  Pena  60,000  50,000  800  50,800  12. Loans Made  Richard  Torres  56,700  7,100  63,800  13. Other Disbursements  Mailing Address: P.O. Box, Building and Room Number, if any  Mailing Address: P.O. Box, Building and Room Number, if any  Mailing Address: P.O. Box, Building and Room Number, if any  Mailing Address: P.O. Box, Building and Room Number, if any  Mailing Address: P.O. Box, Building and Room Number, if any  Barbara  Townline RD  Altention To Barbara  Townline RD  Altentia Townline RD  A	Name of Person Filing: Robert Carroll	File Number C- 00556									
Sa. Name and Address of Employer (including trade name, if any).  Employer   Arc of Monroe   Po. Box, Building and Room Number, if any    Employer   Arc of Monroe   Po. Box, Building and Room Number, if any    Employer   Arc of Monroe   Po. Box, Building and Room Number, if any    Mailing Address: P.O. Box, Building and Room Number, if any											
P.O. Box, Building and Room Number, if any  Employer Arc of Monroe  Trade Name  Attention To  Barbara  Title  Director  State  New York  Title	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.										
Employer   Arc of Monroe   Street   2060 Brighton-Henrietta Townline RD   Attention To   Barbara   Wale   Street   2060 Brighton-Henrietta Townline RD   Attention To   Barbara   Wale   Stale   New York   ZIP Code + 4   14623    5.b. Termination Date   7/13/2012   5.c. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   Sc. Amount   404,054    7. Debuts bursements   404,054   Sc. Amount   404,054    7. Debuts bursements   404,054   Sc. Amount   404,054    8. Total disbursements for Reportable Activity   Use this Schedule to report only disbursements (Sum of Rems 8-13)   318,050    9. Schedule of Disbursements for Reportable Activity   Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.   404,054    15. De Transpoyer Name	5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:										
Trade Name Street   Street   Street   Street   Street   State   Street   City   Rochester   State   New York   ZIP Code + 4   14623    5.b. Termination Date   7/13/2012   5.c. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   6.C. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   6.C. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   6.C. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   6.C. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   6.C. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   6.C. Amount   404,054    7. Disbursements to Officers and Employees:   (a) Italian   (b) Salary   (c) Expenses (d) Totals    Amed   Santana   70,000   8,150   78,150   9. Office and Administrative Expenses   0.C. Amount   (b) Pena   60,000   5,100   60,200   10. Publicity    Gerry   Ransom   50,000   800   50,800   12. Cans Made   Richard   (Totres   56,700   7,100   63,800   13. Other Disbursements    8. Total disbursements to officers and employees:   318,050   14. Total Disbursements (Sum of Items 8-13)   318,050    D. Schedule of Disbursements for Reportable Activity   Use this Schedule to report only disbursements made for the purposes described in Part D of Ithe instructions.    15.b. Trade Name, If any:   15.b. Trade Name, If any:    15.c. To Whom Paid   15.d. Amount   15.e. Purpose    Title   Organization   15.d. Amount   15.e. Purpose   15.d. Amount	Employer Arc of Monroe	P.O. Box, Building and Room Number, if any									
Attention To Barbara   Wale   City   Exchester   Title   Director   State   New York   ZIP Code + 4 [14623    5.b. Termination Date   7/13/2012   5.c. Amount   404,054    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   404,055   According to the employers listed in Part B.    7. Diabursements to Officers and Employees: (a) Name   (b) Salary   (c) Expenses (d) Totals    8. Total disbursements to Officers and employees:   (a) Expenses   (b) Salary   (c) Expenses    8. Total disbursements to Officers and employees:   (a) Expenses   (b) Expenses   (b) Expenses    9. One of the minimate   (b) Expenses   (c) Expenses    10. 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.c. To Whom Paid   Name   (b) Expenses   (c) Ex		Street 2060 Brighton Monriotta Townline BD									
Title Director  State New York  ZIP Code + 4 14623  5.b. Termination Date 7/13/2012  5.c. Amount 404, 054  6. TOTAL RECEIPTS FROM ALL EMPLOYERS 404, 055  6. TOTAL RECEIPTS FROM ALL EMPLOYERS 404, 055  6. Total Receipts FROM ALL EMPLOYERS 404, 055  6. Total disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employeers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary (c) Expenses (d) Totals  (b) Salary (c) Expenses (d) Totals  (c) Expenses (d) Totals  (d) Totals  (e) Expenses (d) Totals  (e) Politicity (c) Publicity (c) Publici		2000 Bigaton nonitretta iomilia ab									
5.b. Termination Date 7/13/2012 5.c. Amount 404, 054  6. TOTAL RECEIPTS FROM ALL EMPLOYERS 404, 05 5 - Bc  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 (antana 70,000 8,150 78,150 9, Office and Administrative Expenses 0  Daninal (Block 50,000 10,200 60,200 10, Publicity 50,000 10,000 10,000 11,000 11, Fees for Professional Services 50,000 10,000 10,000 12, Loans Made 50,000 12, Loans Made 50,000 13,000 13,000 13,000 12, Loans Made 50,000 14, Total Disbursements (Sum of Items 8-13) 318,050 14. Total Disbursements (Sum of Items 8-13) 318,050 15.b. Trade Name, If any:  15.e. To Whom Paid 15.d. Amount 15.e. Purpose 15.e. Trade Name, If any:  15.e. To Whom Paid 15.e. Purpose											
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 404, 09 5 pc  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 (70,000) (8,150) (78,150) (9,001) (10,200) (10,	ININE UNITECTOR State New YORK JZIP Code + 4 [14623]										
C. Statement of Disbursements to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  Amed (santana) (70,000) (8,150) (78,150) (9,200) (10,20	5.b. Termination Date 7/13/2012	5.c. Amount 404, 054									
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  (b) Salary  (c) Expenses (d) Totals  Amed  Santana  (c) Expenses (d) Totals  Amed  Santana  (d) Salary  (e) Expenses (d) Totals  Amed  Santana  (f) Salary  (g) Expenses (d) Totals  Amed  Santana  (h) Salary  (g) Expenses (d) Totals  Amed  Santana  (h) Salary  (g) Expenses (d) Totals  (h) Amed  (h) Expenses  (h) Salary  (h) Salary  (h) Expenses  (h) Salary  (h) Salary  (h) Authority  (h) Expenses (d) Totals  (h) Authority  (h) Authorit	6. TOTAL RECEIPTS FROM ALL EMPLOYERS 404, 05										
to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  Amed   Santana   70,000   8,150   78,150   9. Office and Administrative Expenses   0  Daninal   Block   50,000   10,200   60,200   10. Publicity      Johan   Pena   60,000   5,100   65,100   11. Fees for Professional Services    Gerry   Ransom   50,000   800   50,800   12. Loans Made    Richard   Torres   56,700   7,100   63,800   13. Other Disbursements    8. Total disbursements to officers and employees:   318,050   14. Total Disbursements (Sum of Items 8-13)   318,050    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   15.d. Amount    Name   15.d. Amount   15.d. Purpose    Title   Organization   15.d. Spring   15.d. Amount	3 ~BC										
to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  Amed   Santana   70,000   8,150   78,150   9. Office and Administrative Expenses   0  Daninal   Block   50,000   10,200   60,200   10. Publicity      Johan   Pena   60,000   5,100   65,100   11. Fees for Professional Services    Gerry   Ransom   50,000   800   50,800   12. Loans Made    Richard   Torres   56,700   7,100   63,800   13. Other Disbursements    8. Total disbursements to officers and employees:   318,050   14. Total Disbursements (Sum of Items 8-13)   318,050    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   15.d. Amount    Name   15.d. Amount   15.d. Purpose    Title   Organization   15.d. Spring   15.d. Amount											
(a) Name		orting organization in connection with labor relations advice or services rendered									
Santana	7. Disbursements to Officers and Employees:	Fabric.									
Daninal     Block											
Johan   Pena   60,000   5,100   65,100   11. Fees for Professional Services		· · · · · · · · · · · · · · · · · · ·									
Gerry Ransom 50,000 800 50,800 12. Loans Made  Richard Torres 56,700 7,100 63,800 13. Other Disbursements  8. Total disbursements to officers and employees: 318,050 14. Total Disbursements (Sum of Items 8-13) 318,050  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  Name 15.e. Purpose  Title 0  Organization 15.e. Purpose	The second secon										
Richard Torres 56,700 7,100 63,800 13. Other Disbursements  8. Total disbursements to officers and employees: 318,050 14. Total Disbursements (Sum of Items 8-13) 318,050  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 15.e. Purpose  Title 0  Organization 15.e. Purpose  Street 15.e. Street 15.e. Purpose											
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  Name  15.e. Purpose  Title  Organization  P.O. Box, Building and Room Number, if any  Street	properties and the second seco	63 , 800 13. Other Disbursements									
instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  Street	Total disbursements to officers and employees:	318, 050 14. Total Disbursements (Sum of Items 8-13) 318, 050									
instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  Street											
instructions.  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  Street	D. Schedule of Disbursements for Reportable Activity Lise this Schedul	le to report only dishursements made for the nurnoses described in Part D of the									
15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street		le to report only dispursements made for the purposes described in rail b of the									
Name 15.e. Purpose  Title Organization P.O. Box, Building and Room Number, if any  Street	15.a. Employer Name:	15.b. Trade Name, If any:									
Name 15.e. Purpose  Title Organization P.O. Box, Building and Room Number, if any  Street											
Title Organization  P.O. Box, Building and Room Number, if any Street	15.c. To Whom Paid 15.d. Amount										
Title Organization  P.O. Box, Building and Room Number, if any Street	Name 15 a Purpose										
P.O. Box, Building and Room Number, if any Street											
P.O. Box, Building and Room Number, if any Street	Organization	1									
Street		1									
Street	P.O. Box, Building and Room Number, if any										
City	Street										
	City										
State Washington ZIP Code + 4	State Washington ZIP Code + 4										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY											

Form LM-21 (2003)

Name of Person Fil	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:  D. O. Boy, Ruilding and Room Number, if any											
P.O. Box, Building and Room Number, if any  Employer Arc of Monroe											
Trade Name					Street	Street 2060 Brighton-Henrietta Townline RD					
Attention To Barbara Wale						Rochester					
Title Director						State	New York	ZIP Code	+ 4	14623	
5 h Termination (	Sh Taninita Dia 19/12/2012										
5.b. Termination Date 7/13/2012 5.c. Amount 404, 055											
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 404,055											
C. Statement of D	C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered										
		•	yers listed in f	Part B.							
7. Disbursements to (a) Name	Offic	cers and Employees:	(b) Salary	(c) Exp	enses (d)	Totals					
Chyvonne		Sneed	58,000	6	,101	64,10	9. Office and	Administrative Expenses		0	
Peter		Frances	12,250	9	,654	21,90	10. Publicity		Г		
			0		0		0 11. Fees for P	rofessional Services			
			Ö		0		0 12. Loans Mad	le			
			0		0		0 13. Other Dist	pursements			
8. Total disbursements to officers and employees:					86,00	14. Total Disbursements (Sum of Items 8-13) 86, 0			86,005		
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the											
D. Schedule of Di	SDU	rsements for Reportable	-	Use thi instruct		ule to report o	only disbursemen	is made for the purposes des	CLIDE	30 In Part D of the	
15.a. Employer Na	me:	:				15.b. Tra	de Name, If any:				
15.c. To Whom Paid 15.d. Amount							ount				
Name						15 e Puri	15 o Purpose				
Title	13.e. ruipuse										
Organization											
P.O. Box, Building and Room Number, if any											
1 .O. DOA, Duilding and (NOVIII NUTIDE), it diff								1			
Street											
City	_										
	~-		P Code + 4			۱۱ -					
State Washir	_	<del></del>	<u>L</u>			J <u> </u>			<u> </u>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY											

Form LM-21 (2003)