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: 08-31-2016

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. nding 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) RECEIVED For Official Use O APR 2 0 2015 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT US DRC 591084 Month/Day/Year (mm/dd/yyyy) Month/Day/Year 2. Period Covered 1 . File Number C- 00556 (mm/dd/yyyy) By This Report From: Through: 01 / 13 / 2015 / 2014 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 Name J Carroll Robert Title Title Vice President 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 Road Street City City Brownstown ZIP Code + 4 48183 ZIP Code + 4 Michigan State State **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). 18. Signed (Treasurer President 17. Signed (If other title, see (if other title, see Other (Specify) President Title instructions) instructions) Vise President 7344931568 02 / 12 2015 7344931568 2015 02 22 On Telephone Number Telephone Number Date Date

Name of Person Fi	ing:	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 A	CO	Industries									
Trade Name	Trade Name					Street 73	Street 7300 Fifteen Mile Rd.				
Attention To	Ar	lene At	ikian			City St	terling Heights				
Title President State Michigan ZIP Code + 4 48312							+ 4 48312				
5.b. Termination Date 1/13/2015 5.c. Amount 70,000											
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 70,000											
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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.									e or services rendered		
7. Disbursements to	Offi	cers and Employees:	,								
(a) Name	, _F		(b) Salary		enses (d)		 				
Salvatore		Castillo	36,000	3	,075	39,075	9. Office and A	Administrative Expenses			
Robert		Carroll	30,770		155	30,925	10. Publicity				
							11. Fees for Pr	ofessional Services			
							12. Loans Made	e			
							13. Other Disbursements				
8. Total disbursem	ents	to officers and employees:				70,000	14. Total Disbursements (Sum of Items 8-13) 70, 00		70,000		
D Cabadala as D			A -41-14-								
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:											
Permaner	t :	Solutions Labor Co	nsultants				 		-		
15.c. To Whom Paid 15.d. Amount 30, 925											
Name Salvatore Castillo 15.e. Purpose											
Title Consultant Engaged to communicate rights relative to union organizing ans collective bargainiing to											
Organization Permanent Solutions Labor Consultants employees.											
P O Box Build	D.O. Day Duilding and Deem Number if any										
#374	P.O. Box, Building and Room Number, if any										
Street 23772 West Road											
City Brownstown											
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State Michi			P Code + 4 4				···	· · · · · · · · · · · · · · · · · · ·			
16. TOTAL DISBI	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 70,000										

Form LM-21 (2003)

Name of Person Filing: Robert Carroll		File Number C- 00556							
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:							
Permanent Solutions Labor Consultants									
15.c. To Whom Paid		15.d. Amount 39,075							
Name Robert Carroll		15.e. Purpose							
Title Consultant		Engaged to communicate rights relative to union organizing ans collective bargainiing to employees.							
Organization Permanent Solutions Labor Consul	tants								
DO Dou Duilding and Doors Number 15 and		to the second se							
P.O. Box, Building and Room Number, if any #374	7								
Street 23772 West Road									
City Brownstown	_								
State Michigan ZIP Code + 4 481	183								
15.a. Employer Name:		15.b. Trade Name, If any:							
45 T W B-13		15.d. Amount							
15.c. To Whom Paid	<u> </u>								
Name		15.e. Purpose							
Title									
Organization	<u></u>								
P.O. Box, Building and Room Number, if any	_								
	_								
Street]								
City									
State ZIP Code + 4									
15.a. Employer Name:		15.b. Trade Name, If any:							
15.c. To Whom Paid		15.d. Amount							
Name		15.e. Purpose							
Title									
Organization									
P.O. Box, Building and Room Number, if any	<u> </u>								
Sheet	_								
Street									
City ZIP Code + 4									
State ZIP Code + 4									