## Receipts and Disbursements Report



## U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Form approved - OMB Required of Persons, Including Labor Relations Office of Labor-Management Standards Na. 1215-0188 Consultants and Other Individuals and Organizations, Washington, D.C. 20210 Expires 07-31-2004 Under Section 203(b) of the Labor-Management (Feb. 1990) Reporting and Disclosure Act of 1959, As Amended (LMRDA) A- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY 1. NAME AND ADDRESS (include ZIP code) TO VERIFY THIS REPORT ARE KEPT: DERMANENT SOLUTIONS LABOR CONSULTANTS INC 19186 FORT ST, RIVERVIEW, MI 3. FILE NO. 4. PERIOD Year Month Day COVERED 54TTE#104 Z \$ 07 BY THIS From 0 REPORT 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. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) TERMINATION DATE Memorial midital "LOWTIC TOTAL 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. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: 9. Office and Administrative (d) Totals (b) Salary (c) Expenses 22,420 Lyo. Publicity Expenses \$ Z420 \$10,000 ORRES 567, w 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) Total Disbusements to officers and employees: D.- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 17. AMOUNT 15. EMPLOYER 18. PURPOSE 16. TO WHOM PAID MIRU TOTAL IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS E- VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete. SIGNED , PRESIDENT SIGNED: at: NIVE on: S (If other title, cross out Kleveria vi 15 Chiff other title, cross out on: 5 and write in correct title above.) and write in correct title above.) City State State