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 Budge: 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)

For Official Use Only READ THE INSTRUCTIONS CAREFU	ULLY BEFORE PREPARING THIS REPORT 629927					
E						
1 . File Number C- 00556	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyy)					
A. Person Filing						
3. Name and mailing address (include ZIP Code): Name Robert Carroll	Any other address where records necessary to verify this report are kept: Name					
Title Excutive Vice President Organization Permanent Solutions Labor Consultants	Title Organization					
P.O. Box, Building and Room Number, if any 374	P.O. Box, Building and Room Number, if any					
Street 23772 West Road	Street					
City Brownstown	City					
State Michigan ▼ ZIP Code + 4 48183	State ZIP Code + 4					
Sign	patures					
Each of the undersigned declares ander penalty of perjury and other applicable penalinformation contained in any ecompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	Ities of law, that all of the information submitted in this report (including the he signatory and is, to the best of the undersigned's knowledge and belief, true,					
17. Signed President (if other title, see instructions)	18. Signed Treasurer Other (Specify) Treasurer (If other title, see instructions)					
11/26/2016 734 493 1568						

Date

Telephone Number

Telephone Number

Date

Name of Person Filing: Robert Carroll File Number C-									
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 Ciene Healthcare Management	700								
Trade Name Autumwood of West Bloomfield	Street 4000 Town Center								
Attention To Anis Khan	City Southfield								
Title	ate Michigan ZIP Code + 4 48075								
5.b. Termination Date 11/3/2016 5.c. Amount 132, 360									
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 132,360									
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) T	otals								
Robert Carroll 46,350 2,502	48,852 9. Office and Administrative Expenses								
Douglas Grima 38,475 467	38, 942 10. Publicity								
Sally Lollie 43,988 578	44, 566 11. Fees for Professional Services								
	0 12. Loans Made								
	13. Other Disbursements								
8. Total disbursements to officers and employees:	132, 360 14. Total Disbursements (Sum of Items 8-13) 132, 360								
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.b. Trade Name, If any:									
Permanent Solutions Labor Consultants									
15.c. To Whom Paid 15.d. Amount									
Name Robert Carroll	15.e. Purpose								
Title Excutive Vice President	Engaged to communicate rights relitive to union								
Organization Permanent Solutions Labor Consultants organizing and collictive barganing to employees									
P.O. Box, Building and Room Number, if any 374 Street 23772 West Road									
City Brownstown State Michigan ZIP Code + 4 48183									
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									

Name of Person Filing: Robert Carroll File Number C-									
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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 na			Mailing Address: P.O. Box, Building and Room Number, if any						
Employer Ciene Healthcare Manag		700							
Trade Name Autumwood of West Bl	Street 4	Street 4000 Town Center							
Attention To Anis Khan					City Southfield				
Title	State M	State Michigan ZIP Code + 4 48075							
5.b. Termination Date 11/3/2016 5.c. Amount 132, 360									
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	122 260			-					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	132,360								
			ne rep	oorting organiz	ation in connecti	on with labor relations advice	e or s	services rendered	
7. Disbursements to Officers and Employees:	yers listed in f	art B.							
(a) Name	(b) Salary	(c) Expens	es (d)) Totals		<u></u>			
Robert Carroll	46,350	2,5	02	48,85	9. Office and	Administrative Expenses			
Douglas Grima	38,475	4	67	38,94	10. Publicity				
Sally Lollie	43,988	5	78	44,56	11. Fees for P	rofessional Services			
			0	•	12. Loans Mad	e			
					13. Other Disb	ursements			
8. Total disbursements to officers and employees	:			132,36	14. Total Disbur	sements (Sum of Items 8-13)	L	132,360	
D. Schedule of Disbursements for Reportable		Use this S		lule to report o	nly disbursement	s made for the purposes des	scrib	ed in Part D of the	
15.a. Employer Name:		msuucuoi	15.	15 h Trac	e Name, If any:				
Permanent Solutions Labor Co	nsultants		<u> </u>	.	- individually.				
					<u> </u>				
15.c. To Whom Paid				15.d. Amo	unt [
Name Douglas Gri	ma			15.e. Purp	ose				
Title Excutive Vice Preside	nt Cores	5ult	1/			icate rights relit			
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									
16. TOTAL DISBURSEMENTS FOR ALL REPO	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								

Name of Person Filing: Robert Carroll							File Number C-			
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.										
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1						Mailing Address:				
Employer Ciene Healthcare Management						P.O. Box, Building and Room Number, if any				
Trade Name Autumwood of West Bloomfield					Street 4	Street 4000 Town Center				
Attention To Anis Khan					City S	City Southfield				
Title					State M	State Michigan ZIP Code + 4 48075				
3000										<u> </u>
5.b. Termination Date 11/3/2016 5.c. Amount 132, 360										
6. TOTAL RECEIPT	rs	FROM ALL EMPLOYERS	132,360							<u> </u>
L		_				<u>-</u>	·			<u> </u>
G State					AL			ion with labor relations advise		canions randored
C. Statement of Di	5 <i>D</i>		spursements r yers listed in f		tne re	porting organi	zation in connec	ion with labor relations advice	: 01 8	ervices rendered
7. Disbursements to ((a) Name	Offi	cers and Employees:	(b) Salary	(c) Exper	nses (d) Totals				
Robert		Carroll	46,350		502	48,85	9. Office and	Administrative Expenses		
Douglas	F	Grima	38,475		467	38,94	2 10. Publicity		-	
Sally	Ē	Lollie	43,988		578	44,56	11. Fees for I	Professional Services		
					0		12. Loans Ma	de		
							13. Other Dis	bursements		
8. Total disbursements to officers and employees:						132,36	14. Total Disb	ursements (Sum of Items 8-13)		132,360
D. Schedule of Dis	sbı	rsements for Reportable		Use this		dule to report of	nly disbursemer	nts made for the purposes des	scrib	ed in Part D of the
15.a. Employer Na	me	·		instructio	JI 15.	15.b. Trac	le Name, If any:			
		Solutions Labor Co	nsultants							
<u> </u>	_					15.d. Amo				<u> </u>
15.c. To Whom Pai		y Lol	110		,	15.G. AIII				
Name Sa	_					15.e. Pur				
Title Ex	Ol	tive Vice Preside	nt Con	5u17				nicate rights relit ollictive barganing		
Organization Permanent Solutions Labor Consultants										
P.O. Box, Building and Room Number, if any										
Street 23772 West Road										
City Brownstown										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY										

Form LM-21 (2003)