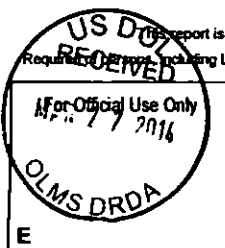


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT



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. Requirements apply to 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

549725

1. File Number C- <u>00556</u>	2. Period Covered By This Report From: <u>01/01/2014</u> Through: <u>03/10/2014</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Robert</u> <u>Carroll</u>	Name <u></u> <u></u>
Title <u>Vice President</u>	Title <u></u>
Organization <u>Permanent Solutions Labor Consultants</u>	Organization <u></u>
P.O. Box, Building and Room Number, if any <u>374</u>	P.O. Box, Building and Room Number, if any <u></u>
Street <u>23772 West Road</u>	Street <u></u>
City <u>Brownstown</u>	City <u></u>
State <u>Michigan</u> ZIP Code + 4 <u>48183</u>	State <u></u> ZIP Code + 4 <u></u>

### 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 <u>[Signature]</u> President (if other title, see instructions) Title <u>President</u>	18. Signed <u>Bob Carroll</u> Treasurer (if other title, see instructions) Title <u>Treasurer</u>
On <u>03/18/2014</u> <u>313-914-2057</u> Date Telephone Number	On <u>03/18/2014</u> <u>313-914-2057</u> Date Telephone Number

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 name, if any):

Employer: ATK  
 Trade Name:   
 Attention To: Carlo Amato  
 Title: Human Resources

Mailing Address:  
 P.O. Box, Building and Room Number, if any: P.O. Box 1000  
 Street:   
 City: Independence  
 State: Missouri ZIP Code + 4: 64051

5.b. Termination Date: 03-10-2014 5.c. Amount: 4,880

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: 4,880

**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
Richard Torres	3,000	1,880	4,880

8. Total disbursements to officers and employees: 4,880

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of Items 8-13)	4,880

**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: Richard Torres  
 Title: President  
 Organization: Permanent Solutions Labor Consultants

P.O. Box, Building and Room Number, if any:   
 Street: 23772 West Rd  
 City: Brownstown  
 State: Michigan ZIP Code + 4: 48183

15.d. Amount:

15.e. Purpose: Marriage Training, no employees involved.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY