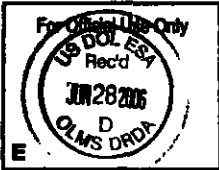


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

297038

1. File Number C-00556	2. Period Covered By This Report From: 01 / 06 / 2006 Through: 01 / 08 / 2006
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: Jaiver Rojas Title: Treasure Organization: Permanent Solutions P.O. Box, Building and Room Number, if any: Street: 19186 Fort Street City: Riverview State: Michigan ZIP Code + 4: 48192	4. Any other address where records necessary to verify this report are kept: Name: Title: Organization: P.O. Box, Building and Room Number, if any: Street: City: State: ZIP Code + 4:

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: [Signature] Title: President On: 05 / 25 / 2006 Date: 313-218-0371 Telephone Number	18. Signed: [Signature] Title: Treasurer On: 05 / 25 / 2006 Date: Telephone Number
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Name of Person Filing: Jaiver Rojas

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 EDW. C. Levy Company Inc.

Trade Name

Street

3001 Dickey Road

Attention To

Linda

Wyatt

City

East Chicago

Title

Human Resources

State

Indiana

ZIP Code + 4

46312

5.b. Termination Date

01/08/2006

5.c. Amount

5,589

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 5,589**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	5,200	389	5,589	9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	
			0	0	12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				5,589	14. Total Disbursements (Sum of Items 9-13)	5,589

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

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State

Washington

ZIP Code + 4

15.d. Amount**15.e. Purpose****16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**