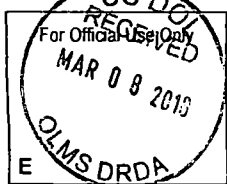


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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.
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

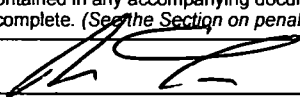
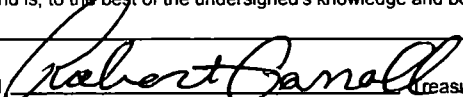
618204

1. File Number C- 00556	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2015		10 / 31 / 2015

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Robert J Carroll	4. Any other address where records necessary to verify this report are kept:
Title Vice President	Name
Organization Permanent Solutions	Title
P.O. Box, Building and Room Number, if any #374	Organization
Street 23772 West Road	P.O. Box, Building and Room Number, if any
City Brownstown	Street
State Michigan ZIP Code + 4 48183	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 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On 02 / 27 / 2016 7344931568	Date Telephone Number	On 02 / 27 / 2016 7344931568	Date Telephone Number

Name of Person Filing: 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 Constellium

Trade Name

Street 6331 Schooner Dr

Attention To Eric

Krepps

City Van Buren

Title President

State Michigan

ZIP Code + 4 48111

5.b. Termination Date 10/31/2015

5.c. Amount 230,942

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 230,942

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		
Sal Castillo	150,150	10,614	160,764	9. Office and Administrative Expenses	
Doug Grima	67,115	3,063	70,178	10. Publicity	
	0	0	0	11. Fees for Professional Services	
	0	0	0	12. Loans Made	
	0	0	0	13. Other Disbursements	
8. Total disbursements to officers and employees:			230,942	14. Total Disbursements (Sum of Items 8-13)	230,942

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 Sal Castillo Title Consultant 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		15.d. Amount 160,764 15.e. Purpose Engaged to communicate rights relative to union organizing and collective bargaining to employees.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 230,942			

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: Permanent Solutions Labor Consultants	15.b. Trade Name, If any:
15.c. To Whom Paid Name Doug Grima Title Consultant 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	15.d. Amount 70,178 15.e. Purpose Engaged to communicate rights relative to union organizing and collective bargaining to employees.

15.a. Employer Name: Permanent Solutions Labor Consultants	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Vice President 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	15.d. Amount 0 15.e. Purpose Engaged to communicate rights relative to union organizing and collective bargaining to employees.

15.a. Employer Name: Permanent Solutions Labor Consultants	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title President 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	15.d. Amount 0 15.e. Purpose Engaged to communicate rights relative to union organizing and collective bargaining to employees.