

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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 CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-00556

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

03 / 02 / 2006

Through:

Month/Day/Year
(mm/dd/yyyy)

09 / 19 / 2006

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Richard Torres

Title President

Organization Permanent Solutions Labor

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

Street 23772 West Road

City Brownstown

State Michigan ZIP Code + 4 48183

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

Title President

President
(if other title, see
instructions)

On

5 / 10 / 2011

Date

313-218-0371

Telephone Number

18. Signed

Title Other (Specify)

Vice President of Business

Treasurer
(If other title, see
instructions)

On

5 / 10 / 11

Date

7345367829

Telephone Number

Name of Person Filing: Richard Torres	File Number C- 00556
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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: Skyway precision Inc.

Trade Name:

Attention To: Gary Bonnell

Title: President

Mailing Address:

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

Street: 41225 Plymouth Rd.

City: Plymouth

State: Michigan ZIP Code + 4: 48170

5.b. Termination Date: 9/19/2006

5.c. Amount: 41,295

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 41,295

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	
Jaiver Rojas	20,250	485	20,735	9. Office and Administrative Expenses
Pat Ferguson	20,000	560	20,560	10. Publicity
	0		0	11. Fees for Professional Services
	0		0	12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			41,295	14. Total Disbursements (Sum of Items 8-13) 41,295

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