

# 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

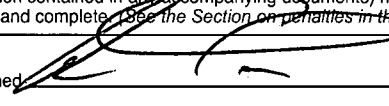
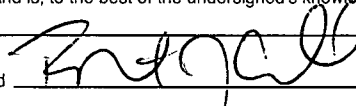
470288

1. File Number C- 00556	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 14 / 2010	Through:	Month/Day/Year (mm/dd/yyyy) 02 / 26 / 2010
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Robert J Carroll  Title Executive Vice President  Organization Permanent Solutions Labor Consultants  P.O. Box, Building and Room Number, if any 374  Street 23772 West Road  City Brownstown Twp  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 On 11 / 21 / 2011 313.218.0371 Date Telephone Number	President (if other title, see instructions)	18. Signed  Title Other (Specify) Executive Vice President On 11 / 21 / 2011 734.536.7829 Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Robert Carroll	File Number C- 00556
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<b>B. Statement of Receipts</b> 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 900 George Nelson Dr.
Attention To Linda Wyatt	City Portage
Title Human Resources	State Indiana ZIP Code + 4 46368
5.b. Termination Date 2/26/2010	5.c. Amount 295,055
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 295,055	

<b>C. Statement of Disbursements</b> 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			
Keith Peraino	96,600	4,915	101,515	9. Office and Administrative Expenses		
Marty Dreiss	101,640	1,680	103,320	10. Publicity		
Richard Knapp	60,060	1,804	61,864	11. Fees for Professional Services		
Richard Torres	20,265	8,091	28,356	12. Loans Made		
				13. Other Disbursements		
8. Total disbursements to officers and employees:			295,055	14. Total Disbursements (Sum of Items 8-13)	295,055	

<b>D. Schedule of Disbursements for Reportable Activity</b>		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		15.d. Amount
Name		15.e. Purpose
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		