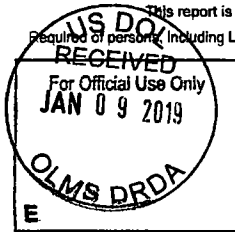


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019



This report is mandatory under P.L. 88-257, 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

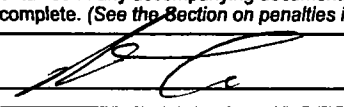
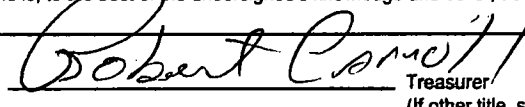
686842

1. File Number C- 00556	2. Period Covered By This Report From: 9 / 28 / 2018 Through: 10 / 18 / 2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Robert <input type="checkbox"/> Carroll	4. Any other address where records necessary to verify this report are kept:
Title Vice President	Name <input type="checkbox"/> <input type="checkbox"/>
Organization Permanent Solutions Labor Consultants	Title <input type="checkbox"/>
P.O. Box, Building and Room Number, if any 374	Organization <input type="checkbox"/>
Street 23772 West Road	P.O. Box, Building and Room Number, if any <input type="checkbox"/>
City Brownstown	Street <input type="checkbox"/>
State Michigan ZIP Code + 4 48183	City <input type="checkbox"/>
	State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>

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 Other (Specify)	
On 12 / 10 / 2018 313-914-2017	Date Telephone Number	On 12 / 10 / 2018 313-914-2017	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 Beaumont Medical TransportationTrade Name Street 25400 West 8 MileAttention To Greg☐ BeaucheminCity SouthfieldTitle PresidentState MichiganZIP Code + 4 480345.b. Termination Date 10-18-20185.c. Amount 87,500**6. TOTAL RECEIPTS FROM ALL EMPLOYERS****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

<input type="checkbox"/> Robert	<input type="checkbox"/> Carroll	17,000			9. Office and Administrative Expenses	<input type="text"/>
<input type="checkbox"/> Stephen	<input type="checkbox"/> Sestina	13,000			10. Publicity	<input type="text"/>
<input type="checkbox"/> Douglas	<input type="checkbox"/> Grima	6,000			11. Fees for Professional Services	<input type="text"/>
<input type="checkbox"/> Tim	<input type="checkbox"/> Singhel	8,000			12. Loans Made	<input type="text"/>
<input type="checkbox"/> Erasmo	<input type="checkbox"/> Navarro	7,200			13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)	<input type="text"/>

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

15.d. Amount 17,000Name Robert☐ Carroll

15.e. Purpose

Title Vice President

Engaged to communicate rights relative to union organizing and collective bargaining to employees.

Organization Permanent Solutions Labor Consultants

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

 374Street 23772 West RoadCity BrownstownState MichiganZIP Code + 4 48183**16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**

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 **Beaumont Medical Transportation**

Trade Name

Street

25400 West 8 MileAttention To **Greg****Beauchemin**

City

Southfield

Title

President

State

Michigan

ZIP Code + 4

480345.b. Termination Date **10-18-2018**5.c. Amount **87,500****6. TOTAL RECEIPTS FROM ALL EMPLOYERS****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

Jose	<input type="checkbox"/>	Agraz	12,400			9. Office and Administrative Expenses	
Jose Jr.	<input type="checkbox"/>	Agraz	9,900			10. Publicity	
Carlos	<input type="checkbox"/>	Flores	14,000			11. Fees for Professional Services	
	<input type="checkbox"/>					12. Loans Made	
	<input type="checkbox"/>					13. Other Disbursements	

8. Total disbursements to officers and employees:

87,500

14. Total Disbursements (Sum of Items 8-13)

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

Carlos**Flores**

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

14,000

15.e. Purpose

Engaged to communicate rights relative to union organizing and collective bargaining to employees.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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 <input type="checkbox"/> Stephen <input type="checkbox"/> Sestina 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 13,000 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 <input type="checkbox"/> Douglas <input type="checkbox"/> 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 6,000 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 <input type="checkbox"/> Tim <input type="checkbox"/> Singhel 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 8,000 15.e. Purpose Engaged to communicate rights relative to union organizing and collective bargaining to employees.

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 <input type="checkbox"/> Erasmo <input type="checkbox"/> Navarro 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 7,200 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 <input type="checkbox"/> Jose <input type="checkbox"/> Agraz 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 12,400 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 <input type="checkbox"/> Jose Jr. <input type="checkbox"/> Agraz 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 9,900 15.e. Purpose Engaged to communicate rights relative to union organizing and collective bargaining to employees.