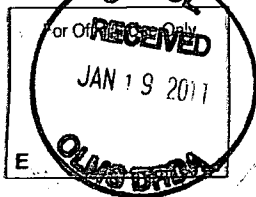


# FORM LM-21

## 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 only for 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

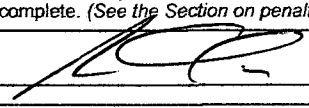
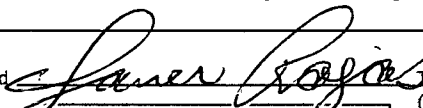
441500

1. File Number C-00556	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	11/01/2010		12/10/2010

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name: <input type="text" value="Jaiver"/> <input type="text" value="Rojas"/>	Name: <input type="text"/> <input type="text"/>
Title: <input type="text" value="Treasury"/>	Title: <input type="text"/>
Organization: <input type="text" value="Permanent Solutions"/>	Organization: <input type="text"/>
P.O. Box, Building and Room Number, if any: <input type="text" value="#374"/>	P.O. Box, Building and Room Number, if any: <input type="text"/>
Street: <input type="text" value="23772 West Rd"/>	Street: <input type="text"/>
City: <input type="text" value="Brownstown"/>	City: <input type="text"/>
State: <input type="text" value="Michigan"/> ZIP Code + 4: <input type="text" value="48183"/>	State: <input type="text"/> ZIP Code + 4: <input type="text"/>

### 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: <input type="text" value="President"/>		Title: <input type="text" value="Treasurer"/>	
On: <input type="text" value="12/29/2010"/> <input type="text" value="313-218-0371"/>	Date Telephone Number	On: <input type="text" value="12/29/2010"/> <input type="text" value="313-218-0371"/>	Date Telephone Number

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 Walton Woods

Trade Name

Street

3450 West 13 mile

Attention To Jennifer

Oharan

City

Royal Oak

Title

Human Resources

State

Michigan

ZIP Code + 4

48073

5.b. Termination Date 12/10/2010

5.c. Amount 189,794

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 189,794

**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

Amed		Santana	87,075	6,200	93,275	9. Office and Administrative Expenses	
Chyvonne		Sneed	86,850	9,669	96,519	10. Publicity	
			0		0	11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	
8. Total disbursements to officers and employees:					189,794	14. Total Disbursements (Sum of Items 8-13)	189,794

**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

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY