

Amended 4/5/17

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 07-31-2019



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

646478

1. File Number: C- 00556

Person Filing

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

Name Robert Carroll
Title Executive Vice President
Organization Permanent Solutions Labor Consultants
P.O. Box, Bldg., Room No., if any 374
Street 23772 West Road
City Brownstown Twp
State Michigan ZIP Code + 4

3. Any other address where records necessary to verify this report are kept:

Name N/A
Title
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. Individual b. Partnership c. ☒ Corporation d. Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Barbara Lombardi
Organization Laurel Health Care Company
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 8181 Worthington Rd
City Westerville
State Ohio ZIP Code + 4 43082

7. Date entered into:

12 / 21 / 2016

8. Name of person(s) through whom made:

Name Barbara Lombardi
Name
Name
Name
Name

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 Section VII on penalties in the instructions.)

13. Signed

Title President

President
(If other title, see instructions)

14. Signed

Title Other (Specify) Vice President

Treasurer
(If other title, see instructions)

On 4/5/2017 313-914-2017
Date Telephone Number

On 4/5/2017 313-914-2017
Date Telephone Number

Filer: Robert Carroll Permanent Solutions Labor Consultants

File Number C-

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Hourly fee for consulting service during union campaign with IBT Local 406

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Union awareness training and consulting services

11.b. Period during which performed:

12/21/2016 to 1/11/2017

11.c. Extent performed:

1/11/2017

11.d. Name and address through whom performed:

Name Robert Carroll

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Rd

City Brownstown

State Michigan ZIP Code + 4 48183

Additional Name and address through whom performed, if any:

Name Sally Lollie

Organization Permanent Solutions Labor Consultants

P.O. Box, Bldg., Room No., if any 374

Street 23772 West Rd

City Brownstown

State Michigan ZIP Code + 4 48183

12.a. Identify subject groups of employees:

Management training and employee education.

12.b. Identify subject labor organizations:

IBT 406