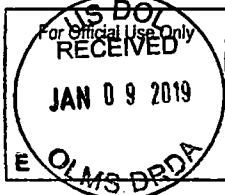


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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 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

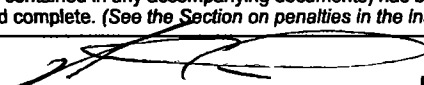
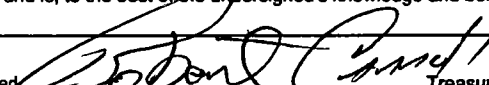
686841

1. File Number C- 00556	2. Period Covered By This Report From: 6 / 28 / 2018 Through: 7 / 20 / 2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Robert <input type="checkbox"/> Carroll	Name <input type="checkbox"/> <input type="checkbox"/>
Title Vice President	Title <input type="checkbox"/>
Organization Permanent Solutions Labor Consultants	Organization <input type="checkbox"/>
P.O. Box, Building and Room Number, if any 374	P.O. Box, Building and Room Number, if any <input type="checkbox"/>
Street 23772 West Road	Street <input type="checkbox"/>
City Brownstown	City <input type="checkbox"/>
State Michigan ZIP Code + 4 48183	State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>
4. Any other address where records necessary to verify this report are kept:	

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 12 / 10 / 2018 313-914-2017 Date Telephone Number	18. Signed  Title Other (Specify) On 12 / 10 / 2018 313-914-2017 Date Telephone Number
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Name of Person Filing:	File Number C-
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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). Mailing Address:

Employer Evans Distribution Systems	P.O. Box, Building and Room Number, if any
Trade Name	Street 18765 Seaway Drive
Attention To Patrick <input type="checkbox"/> Swaney	City Melvindale
Title President	State Michigan ZIP Code + 4 48122

5.b. Termination Date **7-20-2018** 5.c. Amount **79,727**

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	
Stephen	<input type="checkbox"/>	Sestina	38375	2340	
	<input type="checkbox"/>				9. Office and Administrative Expenses
Carlos	<input type="checkbox"/>	Flores	33000	6012	
	<input type="checkbox"/>				10. Publicity
	<input type="checkbox"/>				11. Fees for Professional Services
	<input type="checkbox"/>				12. Loans Made
	<input type="checkbox"/>				13. Other Disbursements
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)

79,727
79,727.00

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.

<p>15.a. Employer Name: Permanent Solutions Labor Consultants</p> <p>15.c. To Whom Paid</p> <p>Name Carlos <input type="checkbox"/> Flores</p> <p>Title Vice President</p> <p>Organization Permanent Solutions Labor Consultants</p> <p>P.O. Box, Building and Room Number, if any 374</p> <p>Street 23772 West Road</p> <p>City Brownstown</p> <p>State Michigan ZIP Code + 4 48183</p>	<p>15.b. Trade Name, If any:</p> <p>15.d. Amount 39,012</p> <p>15.e. Purpose Engaged to communicate rights relative to union organizing and collective bargaining to employees.</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Robert Carroll

File Number C-00556

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 Stephen ☐ 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 40,714

15.e. Purpose

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

15.a. Employer Name:**15.c. To Whom Paid**Name ☐Title ☐Organization ☐**P.O. Box, Building and Room Number, if any**Street ☐City ☐State Michigan ZIP Code + 4 ☐**15.b. Trade Name, If any:**15.d. Amount ☐**15.e. Purpose****15.a. Employer Name:****15.c. To Whom Paid**Name ☐Title ☐Organization ☐**P.O. Box, Building and Room Number, if any**Street ☐City ☐State Michigan ZIP Code + 4 ☐**15.b. Trade Name, If any:**15.d. Amount ☐**15.e. Purpose**