

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)

For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

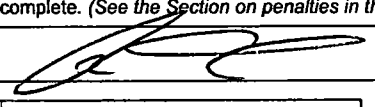
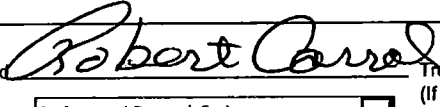
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1. File Number C-00556	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		11/02/2017		11/07/2017

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Robert Carroll
Title	Executive Vice President
Organization	Permanent Solutions Labor Consultants
P.O. Box, Building and Room Number, if any	374
Street	23772 West Rd
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 	President (if other title, see instructions)
Title	President
On	12/01/2017 313-914-2017
Date	Telephone Number
18. Signed 	Treasurer (If other title, see instructions)
Title	Other (Specify) Executive Vice President
On	12/01/2017 313-914-2017
Date	Telephone Number

Name of Person Filing: Robert Carroll	File Number C- 00556
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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).

Employer Mailing Address:
P.O. Box, Building and Room Number, if any
Trade Name Street
Attention To ☐ City
Title State ZIP Code + 4

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 16,777

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	
Robert Carro	15,750	1,027	16,777	9. Office and Administrative Expenses
	0	0	0	10. Publicity
	0		0	11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			16,777	14. Total Disbursements (Sum of Items 8-13) 16,777

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

Name ☐
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
State ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY