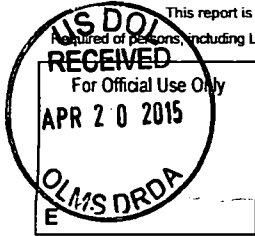


FORM LM-21

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

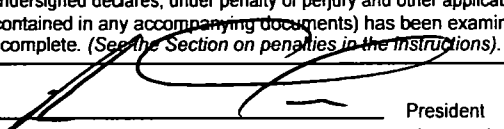
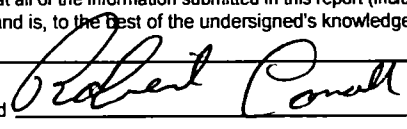
591084

1. File Number C- 00556	2. Period Covered By This Report From: 02/03/2014 Through: 01/13/2015
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Robert J Carroll	4. Any other address where records necessary to verify this report are kept:
Title Vice President	Name
Organization Permanent Solutions	Title
P.O. Box, Building and Room Number, if any #374	Organization
Street 23772 West Road	P.O. Box, Building and Room Number, if any
City Brownstown	Street
State Michigan ZIP Code + 4 48183	City
	State

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 02/22/2015 7344931568 Date Telephone Number	18. Signed  Title Other (Specify) Vice President On 02/12/2015 7344931568 Date Telephone Number
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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). Mailing Address:

Employer <input type="text" value="ATCO Industries"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="7300 Fifteen Mile Rd."/>
Attention To <input type="text" value="Arlene"/> <input type="checkbox"/> <input type="text" value="Atikian"/>	City <input type="text" value="Sterling Heights"/>
Title <input type="text" value="President"/>	State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48312"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 70,000

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	
Salvatore <input type="checkbox"/> Castillo <input type="checkbox"/>	36,000	3,075	39,075	9. Office and Administrative Expenses <input type="text"/>
Robert <input type="checkbox"/> Carroll <input type="checkbox"/>	30,770	155	30,925	10. Publicity <input type="text"/>
<input type="text"/> <input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		11. Fees for Professional Services <input type="text"/>
<input type="text"/> <input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		12. Loans Made <input type="text"/>
<input type="text"/> <input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>		13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:			70,000	14. Total Disbursements (Sum of Items 8-13) 70,000

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:</p> <input type="text" value="Permanent Solutions Labor Consultants"/>	<p>15.b. Trade Name, If any:</p> <input type="text"/>
<p>15.c. To Whom Paid</p> <p>Name <input type="text" value="Salvatore"/> <input type="checkbox"/> <input type="text" value="Castillo"/></p> <p>Title <input type="text" value="Consultant"/></p> <p>Organization <input type="text" value="Permanent Solutions Labor Consultants"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text" value="#374"/></p> <p>Street <input type="text" value="23772 West Road"/></p> <p>City <input type="text" value="Brownstown"/></p> <p>State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48183"/></p>	<p>15.d. Amount <input type="text" value="30,925"/></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Engaged to communicate rights relative to union organizing and collective bargaining to employees. </div>
<p>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 70,000</p>	

Name of Person Filing: Robert Carroll	File Number C- 00556
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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 Robert <input type="checkbox"/> Carroll 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 39,075 15.e. Purpose Engaged to communicate rights relative to union organizing and collective bargaining to employees.

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose