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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

Expire

RECETING 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.

Uired of persons, including Labor Relations Consultants and Other Individuals and Organizations. Under section 203/h) of the Labor March 1997. 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) 629928 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00556 (mm/dd/yyyy) (mm/dd/yyyy) By This Report From: 09/28/2016 06 / 2016 Through: A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Carroll Robert Title Vice President Organization Permanent Solutions Labor Consultants Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any 374 Street 23772 West Road Street Brownstown City City ▼ ZIP Code + 4 48183 ZIP Code + 4 State Michigan 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 ponalties in the instructions). President 18. Signed Treasurer 17. Signed (It other title, see (if other title, see Treasurer President Title instructions) instructions) 313-493-1568 313-493-1568 / 2016 2016 On

Telephone Number

Telephone Number

Date

Name of Person Filing	Robert Carroll			File Number C-						
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 na	me, if any).		Mailing Address: P.O. Box, Building and Room Number, if any						
Employer Die	Services Internati	onal								
Trade Name				Street 29	Street 29700 William K. Smith Drive					
Attention To Ri	ichard	idrich		City Ne	City New Hudson					
Title State Michigan ▼ZIP Code + 4 48165										
5.b. Termination Date 9/28/2016 5.c. Amount 122, 404										
6. TOTAL RECEIPTS	S FROM ALL EMPLOYERS	122,404								
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 Of (a) Name	fficers and Employees:	(b) Salary	(c) Expenses (d)	Totals						
Robert	Carroll	51,125	694	51,819	9. Office and A	dministrative Expenses				
Armando	Talancon	27,000	3,264	30,264	10. Publicity	-				
Eddie	Navarro	34,625	5,696	40,321	11. Fees for Pro	ofessional Services				
		0		0	12. Loans Made)				
					13. Other Disbu	rsements				
8. Total disbursemen	its to officers and employees			122,404	14. Total Disburs	sements (Sum of Items 8-13)	122,40			
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 Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.										
15.c. To Whom Paid 15.d. Amount										
No. Robert Carroll										
				15.e. Purpose Engaged to communicate rights relitive to union						
Title Vic	e President			organizing and collective barganing to employees						
Organization Permanent Solutions Labor Consultants										
P.O. Box, Building and Room Number, if any 374 Street 23772 West Road City Brownstown										
State Michiga	n 🔽 Z	P Code + 4 4	8183] [
16. TOTAL DISBUR	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									

Form LM-21 (2003)

Name of Person Filing: Robert Carroll File Number C-										
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 Die Services International										
Trade Name					Street 2	Street 29700 William K. Smith Drive				
Attention To Richard Heidrich						City New Hudson				
Title State Michigan ▼ ZIP Code + 4 4.8165								4.8165		
5.b. Termination Da	5.b. Termination Date 9/28/2016 5.c. Amount 122, 404									
6. TOTAL RECEIPT	S	FROM ALL EMPLOYERS	122,404							
<u> </u>		 		<u> </u>	<u> </u>					
C. Statement of Dis	sbı		sbursements r yers listed in F		reporting organiz	ration in connect	on with labor relations advice	or s	ervices rendered	
7. Disbursements to C)ffic	cers and Employees:								
(a) Name				(c) Expenses		<u> </u>		_		
Robert		Carroll	51,125	694	<u> </u>		Administrative Expenses	<u> </u>		
Armando	_	Talancon	27,000	3,264	1 	10. Publicity		<u> </u>		
Eddie		Navarro	34,625	5,696			rofessional Services	ļ		
	_		0			12. Loans Mad	le	┡		
[][<u> </u>	<u> </u>	<u>]. </u>	13. Other Dist	oursements	╙	<u>L</u>	
8. Total disbursements to officers and employees:						14. Total Disbu	rsements (Sum of Items 8-13)	L	122,404	
D. Schedule of Dis	bu	rsements for Reportable	Activity	Use this Sch	edule to report o	nly disbursemen	ts made for the purposes des	scrib	ed in Part D of the	
b. Gonedate of big	-	racinents for Reportable		instructions.						
15.a. Employer Name: 15.b. Trade Name, If any:										
Permanent		Solutions Labor Co	nsultants	· · · · · · · · · · · · · · · · · · ·						
15.c. To Whom Paid	1			15.d. Amo	15.d. Amount					
						15.e. Purpose Engaged to communicate rights relitive to union				
Title V	ce	President C	or sul		organizing and collective barganing to employees					
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									ļ 1	
	=	EMENTS FOR ALL REPO								

Name of Person Filing: Robert Carroll File Number C-												
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5.a. Name and Address of Employer (including trade name, if any). Mailing Address:												
Employer Die Services International							P.O. Box, Building and Room Number, if any					
Trade Name							Street 29700 William K. Smith Drive					
Attention To Richard Heidrich						City Ne	City New Hudson					
Title State Michigan ▼ZIP Code + 4 48165								48165				
5.b. Termination Date 9/28/2016 5.c. Amount 122,404												
6. TOTAL RECEIP	rs	FROM ALL EMPLOYERS	122,404	_				<u> </u>				
C. Statement of D	isb	ursements Report all dis	sbursements r	nade by	the rep	orting organiza	ation in connecti	on with labor relations advice	or s	services rendered		
]		to the emplo	yers listed in F			gg						
7. Disbursements to (a) Name	Offi	cers and Employees:	(b) Salary	(c) Expe	nses (d)	Totals						
Robert		Carroll	51,125		694	51,819	9. Office and	Administrative Expenses				
Armando	L	Talancon	27,000	3,	264	30,264	10. Publicity					
Eddie		Navarro	34,625	5,	696	40,321	11. Fees for P	rofessional Services	L			
			0			0	12. Loans Mad	e	<u>_</u>			
							13. Other Disb	ursements	<u> </u>			
8. Total disbursements to officers and employees:						122,404	14. Total Disbu	rsements (Sum of Items 8-13)	L	122,404		
D. Schedule of Di	sbu	ursements for Reportable		Use this		ule to report on	ly disbursement	s made for the purposes des		ed in Part D of the		
15.a. Employer Na	me	 :				15.b. Trade	Name, If any:					
Permanen	: :	Solutions Labor Co	nsultants									
							15.d. Amount					
Armando Talancon												
						15.e. Purpose Engaged to communicate rights relitive to union						
organizing and collective barganing to employees								employees				
Organization Permanent Solutions Labor Consultants												
P.O. Box, Building and Room Number, if any												
Street 23772 West Road												
City Brownstown												
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY												