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. 1215-0188
Expires 11-30-2009

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil pensities 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

Ε 360562 Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00556 By This Report From: (mm/dd/yyyy) 05/01/2007 13 / 2007 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 Rojas Jaiver Title Treasury Title Organization Permanent Solutions Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any #104 Street 19186 Fort Street Street RIVERVIEW City Michigan ZIP Code + 4 48192 State 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 18. Signed € Treasurer ilf other title, see (If other title, see President Treasurer instructions) instructions) 313-218-0371 12 / 02 / 2007 12 / 02 / 2007 313-218-0371 On

Telephone Number

Telephone Number

Name of Person Filing: Jaiver Rojas	File Number C- 00556								
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.e. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any								
Employer Praxair									
Trade Name	Street 2300 E. Facific Coast Highway								
Attention To Jim Carey	City Wilmington								
Title Human Resources	State California ZIP Code + 4								
the same of the sa									
5.b. Termination Date 6/1/07	5.c. Amount 13,039								
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 13,039									
C. Statement of Disbursements Report all disbursements made by the report	orting organization in connection with labor relations advice or services rendered								
to the employers listed in Part B.	Hing digalization in controlled with labor (diagnosis across of convictor (or the con-								
7. Disbursements to Officers and Employees: (a) Name (b) Setary (c) Expenses (d)	rotals								
Richard L Torres 9,700 3,339	13,039 9. Office and Administrative Expenses								
	0 10. Public/ly								
	11. Fees for Professional Services								
	12. Loans Wade								
	13. Other Disbursements								
8. Total disbursements to officers and employees:	13, 039 14. Total Disbursements (Sum of Items 8-13) 13, 039								
	The second secon								
D. Schedule of Disbursements for Reportable Activity Use this Schedulinstructions.	e to report only disburser ients made for the purposes described in Part D of the								
15.a. Employer Name:	15.b. Trade Name, If any:								
15.c. To Whom Paid	15.d. Amount								
Name									
	15.e. Purpose								
Title									
Organization									
P.O. Box, Building and Room Number, if any									
F.O. DOX SANGE TOOK TOOK TOOK TOOK									
Street									
City									
State Washington ZIP Code + 4									
16, TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									

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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

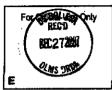
Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2009

Month/Day/Year

(mm/dd/yyy) #2 / 13 / 2007

This report is mendatory under P.L. 86-267, 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-Mar agement Relations and Disclosure Act of 1959, as amended. (LMRDA)



1. File Number C- 00556

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

By This Report From:

12 / 10 / 2007

313-218-0371

Telephone Number

Month/Day/Year (mm/dd/yyyy)

01/13/2007

Through:

A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Jaiver Rojas	Name
Title Treasury	Title
Organization Permanent Solutions	Organization
P.O. Box, Building and Room Number, if any #104	P.O. Box, Bullding and Room Number, if any
Street 19186 Fort Street	Street
City RIVERVIEW	City
State Michigan ZIP Code + 4 48192	State ZIP Code + 4
Sig	ınatures
ach of the undersigned declares, under pensity of perjury and other applicable pen information contained in any accompanying documents) has been examined be correct, and complete. (See the Section on pensities in the instructions).	natios of law, that all of the information submitted in this report (including the y the signatory and is, to the bilst of the undersigned's knowledge and belief, true,
7. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see

On

12 / 10 / 2007

313-218-0371

Telephone Number

			
Name of Person Filing: Jaiver Rojas	File Number C-	00556	

B. Statement of Receipts Report all receipts from employers in coor services.	nnection with labor relations advice or nervices regardless of the purposes of the advice
5.s. Name and Address of Employer (including trade name, if any). Employer Central Processing Corp.	Mailing Address: P.O. Box, Building and Floom Number, if any #100
Trade Name	Street 205 North Street
Attention To Tim Sonnentag	City Marathon
Title President	State Wisconsin ZIP Code + 4 54448-0100
5.b. Termination Date 7/13/2007	5.c. Amount 3, 095
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 3,095	

C. Statement of Disbursements Report all of to the employee		Report all disbuto the employer	all disbursements made by the reporting organization in connection with labor relations advice or services rendered mployers listed in Part B.								
7. Disbursemen (a) Name	its to Office	ers and Empl) Salary	(c) Expenses (d	d) Totals					
Richard	L	Torres		2,100	995	3,095	9. Office and Administrative Expenses				
•					0	0	10. Publicity				
							11. Fees for Professional Services				
		·		0		0	12. Loans I lade				
							13. Other Disbursements				
8. Total disbursements to officers and employees:					3,095	14. Total Disbursements (Sum of Items 8-13)	3,095				

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 arry:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	

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

FORM LM-21 RECEIPTS AND DISBURSEMENT'S REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2009

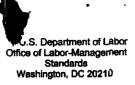
This report is mandatory under P.L. 85-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Mana perment Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 . File Number C- 00556	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 11 / 200
A. Person Filing	
3. Name and malling address (include ZIP Code): Name Jaiver Rojas	Any other address where records necessary to verify this report are kept: Name
Title Treasury	Title
Organization Permanent Solutions	Organization
P.O. Box, Building and Room Number, if any #104	P.O. Box, Building and Room Number, if any
Street 19186 Fort Street City RIVERVIEW	Street City
State Michigan ZIP Code + 4 48192	State ZtP Code + 4
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable penaltic information contained in any accempanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	
17. Signed President (If other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 12	On 12

Name of Person Filing: Jaiver Rojas	File Number C- 00556							
B. Statement of Receipts Report all recei	ots from employers in	connection wil	th labor relatio	ons advice or E-Bry	ices recardless of the ourog	ses of the advice		
or services.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
5.a. Name and Address of Employer (including	trade name, if any).			Mailing Address: Building and Room	n Number, if any			
Employer Bridgestone/Fires	tone							
Trade Name			Street	35 Marrict	Drive			
Attention To Roger	Smith		City [Nashville				
Title Human Resources	Commence of the Commence of th		State 2	Cennessee	ZIP Code	+4 37214		
5.b. Termination Date 8/11/2007			5.c. Amour	nt 61,922				
6. TOTAL RECEIPTS FROM ALL EMPLO	YERS 61,922							
<u></u>								
	rt all disbursements : e employers listed in F		orting organi	zation in connection	on with labor relations advic	or services rendered		
7. Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses (d)	Totale					
Luisa M Perez	27,200	5,014	32,214	Office and A	Administrative Expenses	[
Richard L Torres	22,800	6,908	29,708		Autoristiative Expenses			
	22,000	0,300	23,700		ofessional Services			
				12. Loans Made				
				13. Other Disb				
8. Total disbursements to officers and emp	lovees:		61,922					
				22 14. Total Dishursements (Sum of Items 8-13)				
D. Schedule of Disbursements for Repo		Use this Schedi Instructions.	ule to report o	nty disbursement	made for the purposes des	cribed in Part D of the		
15.a. Employer Name:	··· <u>, , , , , , , , , , , , , , , , , ,</u>		15.b. Trad	e Name, If any:				
15.c. To Whom Paid			15.d. Amo	unt				
[[1		10.0. 7110	UII.				
Name	<i>J</i> L		15.e. Purp	ose				
Title								
Organization]					
						ļ		
P.O. Box, Building and Room Number,	if any	·				T and the state of		
				•		(
Street								
City]				•	, -		
State Washington	ZIP Code + 4] [
16. TOTAL DISBURSEMENTS FOR ALL F	REPORTABLE ACTIV	/ITY	<u> </u>					



FORM LM-21 RECEIPTS AND DISBURSEMENT'S REPORT

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Required of persons, including Labor Relations Consultants and Other Individuels and Organizations, Under section 203(b) of the Labor-Man (germent Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E COROL	
1 . File Number C- 00556	2. Period Covered By This Report Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy)
	From: 01 / 23 / 2007 Through: 12 / 24 / 200
A. Person Filing	· · · · · · · · · · · · · · · · · · ·
Name and mailing address (include ZiP Code):	4. Any other address where records necessary to verify this report are kept:
Name Jaiver Rojas	Name
Title Treasury	Title
Organization Permanent Solutions	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
#104	
Street 19186 Fort Street	Street
City RIVERVIEW	City
State Michigan ZIP Code + 4 48192	State ZIP Code + 4
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable penal information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ties of law, that all of the information submitted in this report (including the se signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President	18. Signed Lavier Rajes Treasurer
Title President (if other title, see instructions)	Title Treasurer (If other title, see instructions)
On 12/02/2007 313-218-0371	On 12/02/2007 313-218-0371
Date Telephone Number	Date Telephone Number



Name of F	Person Fi	ling:	Jaiver Rojas							File Number C-	00556		
R States	nent of R	ece	ipts Report all receipts	from employers i	n connec	ction w	Ath labor rela	tions a	dvice or	services regardless of	the purpos	es of the a	dvice
b. care.	Horit VI -		or services.	Tom onpoyers.		Angri .	101 may		u , , , , , , , , , , , , , , , , , , ,		0.0 pc.pc_		
5.a. Name	and Addr	B\$8 C	of Employer (including trac	te name, if any).			P.O. Box		ng Addr	ess: Room Number, if any			
Empl	oyer p	ax	air							I and the second			
Trade	Name						Street	5055	old	Millington RD			!
Atten	tion To	Jir	n [Carey		_]	City	Memp	his		}		!
Title		Hun	nan Resources				State	Tenr	essee	117-11-11-11-11-11-11-11-11-11-11-11-11-	ZIP Code	+4 3812	7
5.b. Term	nination (Date	8/24/07				5.c. Amo	ount 5	,495				
6 TOTAL	RECEIE	TSI	FROM ALL EMPLOYE	RS 5.495	Ξ								
0. IUIA.	. KEVEIF	101	TOWALL EMPLO	NO 5,475			 						
C. Staten	nent of E	lsbı	ursements Report 8	all disbursements	made by	the re	eporting orga	nizatio	n in con	nection with labor relati	ions advice	or services	rendered
			to the er	mployers listed in	Part B.								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Offi	pers and Employees:	(b) Salary	(c) Expe	ness (r	d\ Tatale						
(a) Nar Richard		1[7.]	Torres	(0) Senary	T	095	5,4	95 0	Office	and Administrative Exp			
Kichar	a 		Torres	7,300		0 0	3, 2.				enses	<u></u>	
		<u> </u>			<u> </u>			- - -). Public	· · · · · · · · · · · · · · · · · · ·	\longrightarrow		
					 			-		for Professional Service	**	<u> </u>	
					<u> </u>				2. Loans	-, 			
		<u> </u>			<u> </u>	 l		- -	3. Other Disbursements				
8. Total d	sbursem	enta	to officers and employ	985:		<u></u>	5,4	95 14	. Total D	isbursements (Sum of Ite	≆ms 8-13)		5,495
								_		· · · · · · · · · · · · · · · · · · ·			
D. Sched	fule of Di	sbu	reaments for Reports	ble Activity	i lee this	Scher	riule to report	e only d	lieh mear	nients made for the pur	mneas das	wheel in De	—————————————————————————————————————
					instruction	ons.	Jule w report	l Oray C	1200.00	liante mane les ure per	puses ueau	Tibeu uir a	IN LO UN UNE
15.a. Em	ployer Na	ıme:					15.b. Tri	ade Na	me, if a	ny:			
				A-4			l [
15.c. To \	Whom Pa	ьd					15.d. Arr	nou int					
	,	~				l	, , , , , ,	roun.	l				
Name	L.					i 	15.e. Pu	грозе	·				
Title	_					}							
Organi	zation 🗀						7						
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P.O. B	ox, Bulidi	ng a	ınd Room Number, if a	iny						:			
1													
Street													į
City				1			ĮĮ.						
State	Washir	igt		_]ZIP Code + 4 ☐			უ .						İ
		_	MENTS FOR ALL REF		MY		1			***************************************	· · · · · ·		
10. TOTA	L DIODU	· WE	MENTO FOR ALL KEP	ON ABLE AUTI	AILI								

Page 2 of 2