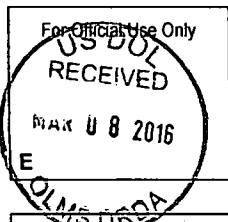


# FORM LM-21

## 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

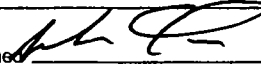
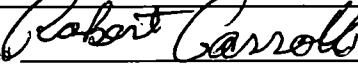
618203

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)
		01 / 01 / 2015		12 / 09 / 2015

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 Executive Vice President	Name
Organization Permanent Solutions Labor Consultants	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 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)	18. Signed 	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On 02 / 27 / 2016 7344931568	Date Telephone Number	On 02 / 27 / 2016 7344931568	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 Ciena Healthcare Management

Trade Name

Attention To Anis Khan

Title ~~Tony Oddo~~ *HUMAN RESOURCES DIRECTOR*

Mailing Address:

P.O. Box, Building and Room Number, if any 700

Street 4000 Town Center

City Southfield

State Michigan ZIP Code + 4 48075

5.b. Termination Date ~~Director of HR~~ *12-9-2015* 5.c. Amount 37,078

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 37,078

**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 J Carroll	34,200	2,878	37,078

8. Total disbursements to officers and employees: 37,078

9. Office and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

14. Total Disbursements (Sum of Items 8-13) 37,078

**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 J 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 State Michigan ZIP Code + 4 48183	15.d. Amount  15.e. Purpose Engaged to communicate rights relative to union organizing and collective bargaining to employees.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY