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

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

659430

1 . File Number <b>C</b> -00556	2. Period Covered   Month/Day/Year (mm/dd/yyyy)								
A. Person Filing									
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:								
Name Robert Carroll	Name								
Title Executive Vice President	Title								
Organization Permanent Solutions Labor Consultants	Organization								
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any								
Street 23772 West Rd	Street								
City Brownstown Twp	City								
State Michigan	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 Other (Specify) (If other title, see instructions)  Executive Vice President								
On 12 / 01 / 2017 313-914-2017  Date Telephone Number	On 12 / 01 / 2017 313-914-2017  Date Telephone Number								

Name of Person Filing: Robert Carroll							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.a. Name and Address of Employer (including trade name, if any).					Mailing Address:				
Employer Ciena Healthcare Management					P.O. Box, Building and Room Number, if any				
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Indicated National and Notice					7000 10000 000002				
Attention to Ar	Attention To Anis Khan								
Title					State Mi	.chigan	ZIP Cod	e + 4	48075
5.b. Termination Da	te	03/03/2017		]	5.c. Amount	91,049			
6. TOTAL RECEIPTS	S F	ROM ALL EMPLOYERS	91,049				· · · · · · · · · · · · · · · · · · ·		•
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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	٦	Carroll	44,325	2,892	47,217	9. Office and	Administrative Expenses	T	
Sally	╡	Lollie	42,919	913	43,832	10. Publicity		$\top$	
	=		0	0	0	11. Fees for P	rofessional Services	+	
	╡				0	12. Loans Mad		+-	
	╡					13. Other Disbursements		1	
Total disbursements to officers and employees:					91,049	9 14. Total Disbursements (Sum of Items 8-13)			91,049
D. Schedule of Dis	bu	rsements for Reportable		Use this Scheduinstructions.	le to report or	nly disbursement	s made for the purposes do	 escrib	ped in Part D of the
15.a. Employer Nam	ne:		-		15.b. Trade	e Name, If any:	· · · · · · · · · · · · · · · · · · ·		
Permanent Solutions Labor Consultants									
15.c. To Whom Paid 15.d. Amount									
Name Rot	эe	rt Car	roll		15.e. Purpo	15.e. Purpose			
Title Exe	ec	utive Vice Preside	ent		Engage	d to commun	icate rights reli		
Organization Permanent Solutions Labor Consultants				organi:	organizing and collective barganing to employees				
Organization Fe	LIU	anent Solutions La	abor const	ircancs	<u>ا</u>				
B.O. Boy Buildin		and Doom Number if any							Į.
P.O. Box, Building and Room Number, if any 374									
Street 23772 West Rd									
City Brownstown									
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									

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Name of Person Filing: Robert Carroll							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.a. Name and Address of Employer (including trade name, if any).						Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Ciena Healthcare Management						00	rreamber, ii diry			
	_	tford Nursing and			Street 4	Street 4000 Town Center				
				<u>_</u>						
Attention To Anis Khan				· L						
Title _			-		State M:	ichigan	ZIP Code	+ 4	46073	
5.b. Termination Da	ate	03/03/2017			5.c. Amoun	91,049		_		
6. TOTAL RECEIPT	SF	ROM ALL EMPLOYERS	91,049							
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C. Statement of Di	sbı				porting organiz	ation in connecti	on with labor relations advice	ors	services rendered	
7 Dishumanan ta (	vec.	·	yers listed in F	an B.						
7. Disbursements to 0 (a) Name	лпα	ers and Employees:	(b) Salary	(c) Expenses (d	) Totals					
Robert		Carroll	44,325	2,892	47,217	9. Office and	Administrative Expenses			
Sally		Lollie	42,919	913	43,832	10. Publicity				
			0	0	C	11. Fees for P	rofessional Services			
	ī			0	C	12. Loans Mad	le			
						13. Other Disb	oursements			
8. Total disbursements to officers and employees:					91,049	14. Total Disbu	4. Total Disbursements (Sum of Items 8-13)			
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·						<u> </u>				
D. Schedule of Dis	bu	rsements for Reportable		Use this Scheonistructions.	dule to report o	nly disbursement	ts made for the purposes des	crib	ed in Part D of the	
15.a. Employer Na	ne				15.b. Trad	e Name, If any:				
Permanent		Solutions Labor Co	nsultants							
15.c. To Whom Paid 15.d. Amount										
Name Sally Lollie 15.					15.e. Purp	15.e. Purpose				
Title Co	ns	ultant	•				icate rights relit			
Organization Do	~~~	anent Solutions La	abor Consi	ltante	-  organi	zing and co	llective barganing	to	employees	
Organization	T 110	anent solutions La	abor Const	illants						
DO B Buildi		and Daniel Northern Kanne								
374	P.O. Box, Building and Room Number, if any									
Street 23772 West Rd										
City Brownstown										
State Michigan ZIP Code + 4 48183										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY										