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. 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) Official Give Drigo is do **ID THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** RECEIVERE 659333 0 2 2018 Month/Day/Year Month/Day/Year 1 . File Number C- 00556 2. Period Covered (mm/dd/yyyy) ( mm/dd/yyyy ) By This Report From: 07 / 2017 02 / 2017 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 Robert Carroll 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 374 Street Street 23772 West Rd Citv Brownstown Twp ▼ ZIP Code + 4 48183 State ZIP Code + 4 State Michigan **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). 18. Signed reasurer 17. Signed President (If other title, see (if other title, see President Other (Specify) Title instructions) instructions) Executive Vice President 313-914-2017 2017 313-914-2017 01 2017 12 01 On Telephone Number Telephone Number Date Date

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 Bannum of Saginaw  Trade Name  Attention To John  Rich  City Saginaw  Street  State Michigan  Title  City Saginaw  State Michigan  Total Receipts FROM ALL EMPLOYERS 16,777   6. TOTAL RECEIPTS FROM ALL EMPLOYERS 16,777  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 Carro  15,750  1,027  16,777  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  14. Total Disbursements  15. Total disbursements made for the purposes described in Part D of the instructions.
5.a. Name and Address of Employer (including trade name, if any).  Employer Bannum of Saginaw  Trade Name  Attention To John  Title  State  Street 2209 Norman St  City Saginaw  State  Michigan  Title  State  Michigan  Title  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) Salay  (c) Expenses (d) Totals  Robert Carro  15,750  1,027  16,777  16, Total disbursements  16,777  17, 14, Total Disbursements  16,777  14. Total Disbursements  16,777  14. Total Disbursements (Sum of Items 8-13)  D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D. of the
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15.a. Employer Name: 15.b. Trade Name, If any:
Permanent Solutions Labor Consultants
15.c. To Whom Paid 15.d. Amount
Name Robert Carroll 15 a Purpose
15.e. Purpose
Title Executive Vice President   Engaged to communicate rights relitive to union organizing and collective barganing to employees
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
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY