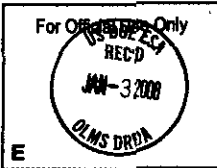


FORM LM-21

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. 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


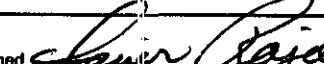
360562

1. File Number C-00556	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	From:	01/13/2007	Through: 01/01/2007

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Jaiver Rojas
Title	Treasury
Organization	Permanent Solutions
P.O. Box, Building and Room Number, if any	#104
Street	19186 Fort Street
City	RIVERVIEW
State	Michigan
ZIP Code + 4	48192
4. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
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	18. Signed		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 Person Filing: Jaiver Rojas	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). Mailing Address:

Employer Praxair	P.O. Box, Building and Room Number, if any
Trade Name	Street 2300 E. Pacific Coast Highway
Attention To Jim <input type="checkbox"/> Carey	City Wilmington
Title Human Resources	State California ZIP Code + 4

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 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	
Richard L. Torres	9,700	3,339	13,039	9. Office and Administrative Expenses
		0	0	10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)
				13,039

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.

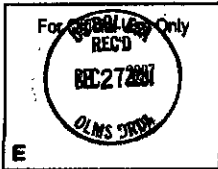
15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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 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

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 / 13 / 2007		02 / 13 / 2007

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Jaiver Rojas Title Treasury Organization Permanent Solutions P.O. Box, Building and Room Number, if any #104 Street 19186 Fort Street City RIVERVIEW State Michigan ZIP Code + 4 48192	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street 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 <u>[Signature]</u> Title President On <u>12 / 10 / 2007</u> <u>313-218-0371</u> Date Telephone Number	18. Signed <u>[Signature]</u> Title Treasurer On <u>12 / 10 / 2007</u> <u>313-218-0371</u> Date Telephone Number
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Name of Person Filing: Jaiver Rojas	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 Central Processing Corp. Trade Name Attention To Tim Sonnentag Title President	Mailing Address: P.O. Box, Building and Room Number, if any #100 Street 205 North Street City Marathon 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 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		
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 Made	
				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 any:	
15.c. To Whom Paid	15.d. Amount	
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

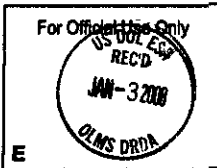
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

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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

1. File Number C-00556	2. Period Covered By This Report From: 01/18/2007 Through: 12/11/2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: Jaiver Rojas Title: Treasury Organization: Permanent Solutions P.O. Box, Building and Room Number, if any: #104 Street: 19186 Fort Street City: RIVERVIEW State: Michigan ZIP Code + 4: 48192	4. Any other address where records necessary to verify this report are kept: Name: Title: Organization: P.O. Box, Building and Room Number, if any: Street: 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: [Signature] Title: President On: 12/02/2007 Date: 12/02/2007 Telephone Number: 313-218-0371	18. Signed: [Signature] Title: Treasurer On: 12/02/2007 Date: 12/02/2007 Telephone Number: 313-218-0371
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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.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer **Bridgestone/Firestone**

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

Trade Name

Street **535 Marriott Drive**Attention To **Roger****Smith**City **Nashville**

Title

Human ResourcesState **Tennessee**ZIP Code + 4 **37214**5.b. Termination Date **8/11/2007**5.c. Amount **61,922**6. TOTAL RECEIPTS FROM ALL EMPLOYERS **61,922****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

Luisa	M	Perez	27,200	5,014	32,214	9. Office and Administrative Expenses	
Richard	L	Torres	22,800	6,908	29,708	10. Publicity	
						11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	
8. Total disbursements to officers and employees:						61,922	14. Total Disbursements (Sum of Items 8-13) 61,922

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 any:

15.c. To Whom Paid

Name

Title

Organization

15.d. Amount

15.e. Purpose

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

Street

City

State

Washington

ZIP Code + 4

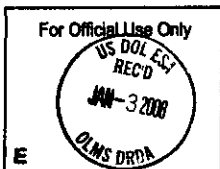
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 00556	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through: Month/Day/Year (mm/dd/yyyy)
	From:	01/23/2007	02/24/2007

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Jaiver Rojas
Title	Treasury
Organization	Permanent Solutions
P.O. Box, Building and Room Number, if any	#104
Street	19186 Fort Street
City	RIVERVIEW
State	Michigan
ZIP Code + 4	48192
4. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
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	12/02/2007	On	12/02/2007
Date	313-218-0371	Date	313-218-0371
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.a. 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 **5055 Old Millington RD**Attention To **Jim**☐ **Carey**City **Memphis**Title **Human Resources**State **Tennessee**ZIP Code + 4 **38127**5.b. Termination Date **8/24/07**5.c. Amount **5,495**6. TOTAL RECEIPTS FROM ALL EMPLOYERS **5,495****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

Richard	L Torres	4,400	1,095	5,495	9. Office and Administrative Expenses	
			0	0	10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				5,495	14. Total Disbursements (Sum of Items 8-13)	5,495

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 any:

15.c. To Whom Paid

Name

Title

Organization

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

Street

City

State **Washington**

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY