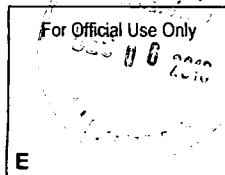


FORM LM-21

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)



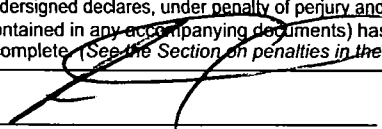
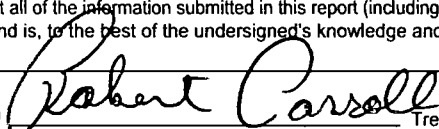
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

629797

1. File Number C- 00556	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 06 / 15 / 2016	Through:	Month/Day/Year (mm/dd/yyyy) 07 / 06 / 2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Robert Carroll Title Vice President Organization Permanent Solutions Labor Consultants P.O. Box, Building and Room Number, if any 374 Street 23772 West Road City Brownstown State Michigan <input checked="" type="checkbox"/> ZIP Code + 4 48183	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 08 / 25 / 2016 313-493-1568	Date Telephone Number	On 08 / 24 / 2016 313-493-1568	Date Telephone Number

Name of Person Filing: Robert Carroll

File Number C-

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 Fresenius Medical Care

Trade Name Fresenius of Montana

Attention To Anne Gaeta

Title general counsel

Street 920 WINTER STREET

City Waltham

State Massachusetts

☒ ZIP Code + 4 02451

5.b. Termination Date 7/6/2016

5.c. Amount 52,563

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 52,563

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 Carroll	42,000	10,563	52,563	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
	0		0	12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			52,563	14. Total Disbursements (Sum of Items 8-13)	52,563

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 Carroll Title Vice President Organization Permanent Solutions Labor Consultants P.O. Box, Building and Room Number, if any 374 Street 23772 West Road City Brownstown State Michigan <input checked="" type="checkbox"/> 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	