

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

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

1. File Number C-

65536

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

07/01/2013

Through:

Month/Day/Year  
(mm/dd/yyyy)

06/30/2014

### A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Randy C McCarthy  
Title Sec - Tres  
Organization National Consultants Associated, Ltd.  
P.O. Box, Building and Room Number, if any  
Street 66 Rodeo Drive  
City Hopewell Junction  
State New York ZIP Code + 4 12533

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

Title President

President  
(if other title, see  
instructions)

18. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

9/29/2014 845-592-4400  
Date Telephone Number

On

9/29/2014 845-592-4400  
Date Telephone Number

Name of Person Filing: <u>National Consultants Associates, Ltd.</u>	File Number C- <u>65536</u>
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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:

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

Employer	<u>Chesapeake Pharmaceutical Packaging Company, LLC</u>			Street	<u>325 Duffy Avenue</u>
Trade Name				City	<u>Hicksville</u>
Attention To	<u>Chris</u>	<input type="checkbox"/>	<u>Matthews</u>	State	<u>New York</u>
Title	<u>Human Resources Manager</u>			ZIP Code + 4	<u>11801</u>

5.b. Termination Date 11/12/13 5.c. Amount \$22,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$39,500.00 [See Attached re: 5a.]

**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
<u>Andrew J. Gallin</u>	<u>8,147</u>	<u>2,184</u>	<u>10,331</u>
<u>Randy C. McCarthy</u>	<u>8,147</u>	<u>2,184</u>	<u>10,331</u>

8. Total disbursements to officers and employees: <u>20,662</u>	9. Office and Administrative Expenses <u>2,176</u>
	10. Publicity <u>0</u>
	11. Fees for Professional Services <u>2,496</u>
	12. Loans Made <u>0</u>
	13. Other Disbursements <u>7,546</u>
	14. Total Disbursements (Sum of Items 8-13) <u>32,880</u>

**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: <div style="border:1px solid black; height:20px; width:100%;"></div>	15.b. Trade Name, If any: <div style="border:1px solid black; height:20px; width:100%;"></div>
15.c. To Whom Paid	15.d. Amount <div style="border:1px solid black; width:100px; height:20px;"></div>
Name <div style="border:1px solid black; width:100px; height:20px;"></div> <input type="checkbox"/> <div style="border:1px solid black; width:100px; height:20px;"></div>	15.e. Purpose <div style="border:1px solid black; height:150px; width:100%;"></div>
Title <div style="border:1px solid black; width:100px; height:20px;"></div>	
Organization <div style="border:1px solid black; width:100px; height:20px;"></div>	
P.O. Box, Building and Room Number, if any <div style="border:1px solid black; width:100px; height:20px;"></div>	
Street <div style="border:1px solid black; width:100px; height:20px;"></div>	
City <div style="border:1px solid black; width:100px; height:20px;"></div>	
State <u>Washington</u> ZIP Code + 4 <div style="border:1px solid black; width:50px; height:20px;"></div>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

ITEM #5a. National Consultants Associated, Ltd.  
File No. C-65536  
End of Reporting Period - 6/30/2014

2. Oak Beverages, Inc.  
Attention To: Debra Boening, President  
One Flower Lane  
Blauvelt, N.Y. 10913

Termination Date: 12/20/13

Fee: \$6,250.00

3. Genting New York LLC  
Attention To: Kevin Jones, Esq & Ryan Ellen, CFO  
110-00 Rockaway Blvd.  
Queens, N.Y. 11420

Termination Date: 1/23/14

Fee: \$11,250.00