

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

628331

1. File Number C- <u>066659</u>	2. Period Covered By This Report From: <u>07/24/14</u> Through: <u>07/23/15</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing

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

Name Keith Perrino
Title CEO
Organization Creative Solutions & Visuals LLC
P.O. Box, Building and Room Number, if any
P.O. Box 422812
Street
City Kissimmee
State FL ZIP Code + 4 34742

4. Any other address where records necessary to verify this report are kept:

Name Bob Azurra
Title COO
Organization Time & Labs
P.O. Box, Building and Room Number, if any
Street 7 Michael Avenue
City Farmingtondale
State NJ ZIP Code + 4 11735

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] President
(if other title, see instructions)

18. Signed _____ Treasurer
(If other title, see instructions)

On 11/11/2013 (732) 589-1439
Date Telephone Number

On _____
Date Telephone Number

Name of Person Filing: <u>Keith Perrino</u>	File Number C- <u>066659</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:
Employer		P.O. Box, Building and Room Number, if any
Trade Name		Street
Attention To		City
Title		State ZIP Code + 4
5.b. Termination Date	<u>7/23/15</u>	5.c. Amount <u>30,000</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>\$30,000</u>		

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>Anthony Cortez</u>	<u>5,000</u>	<u>3,000</u>	<u>8,000</u>	9. Office and Administrative Expenses	
<u>Keith Perrino</u>	<u>7,500</u>	<u>3,000</u>	<u>10,500</u>	10. Publicity	
<u>Stephanie Santana</u>	<u>5,000</u>	<u>3,000</u>	<u>8,000</u>	11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			<u>26,500</u>	14. Total Disbursements (Sum of Items 8-13)	<u>26,500</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:		15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount
Name		15.e. Purpose
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State <u>Washington</u> ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		



October 2015 (United States)

November 2015

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27 Full Moon	28	29	30	1	2	3
4 3rd Quarter	5	6	7	8	9	10
11	12 Columbus Day New Moon	13	14	15	16	17
18	19	20 1st Quarter	21	22	23	24
25	26	27 Full Moon	28	29	30	31 Halloween