

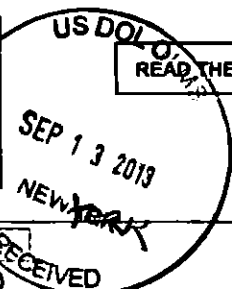
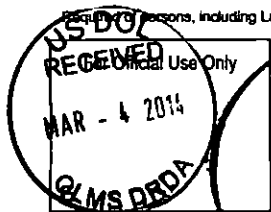
FORM LM-21

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.

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

542519

1. File Number C- <u>770</u>	2. Period Covered By This Report From: <u>04/16/2012</u> Through: <u>07/22/2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Keith</u> <u>Peraino</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name <u> </u>
Organization <u>Peraino & Assoc.dba National Labor Cons.</u>	Title <u> </u>
P.O. Box, Building and Room Number, if any <u>P.O. Box 4422812</u>	Organization <u> </u>
Street <u> </u>	P.O. Box, Building and Room Number, if any <u> </u>
City <u>Kissimmee</u>	Street <u> </u>
State <u>Florida</u> ZIP Code + 4 <u>34742</u>	City <u> </u>
	State <u> </u> ZIP Code + 4 <u> </u>

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 <u>President</u> On <u>8/28/13</u> <u>407 603 3135</u> Date Telephone Number	18. Signed <u> </u> Title <u>Treasurer</u> On <u> </u> <u> </u> <u> </u> <u> </u> Date Telephone Number
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Name of Person Filing: Keith Peraino	File Number C-
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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	Care One at Teaneck	P.O. Box, Building and Room Number, if any	
Trade Name		Street	544 Teaneck road
Attention To		City	Teaneck
Title		State	New Jersey
		ZIP Code + 4	07666
5.b. Termination Date		5.c. Amount	
7/22/12		17,428	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 17,428			

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				
John Gillen	2,500	268	2,768	9. Office and Administrative Expenses			
Keith Peraino	2,500	268	2,768	10. Publicity			
Dina Bianco	2,500	268	2,768	11. Fees for Professional Services			
Martin Dreiss	6,250	625	6,875	12. Loans Made			
				13. Other Disbursements			
8. Total disbursements to officers and employees:				15,179	14. Total Disbursements (Sum of Items 8-13)		15,179

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			