

# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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- <u>770</u>	2. Period Covered By This Report From: <u>04/23/2012</u> Through: <u>05/05/2012</u>
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## A. Person Filing

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

Name Keith Peraino  
Title President  
Organization Peraino & Assoc.dba National Labor Cons.  
P.O. Box, Building and Room Number, if any  
P.O. Box 4422812  
Street  
City Kissimmee  
State Florida ZIP Code + 4 34742

### 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] President  
Title President  
On 8/28/13 407 603 3135  
Date Telephone Number

18. Signed \_\_\_\_\_ Treasurer  
Title Treasurer  
On \_\_\_\_\_  
Date Telephone Number

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).

Employer Care One at Dunroven

Trade Name

Attention To

Title

Mailing Address:  
P.O. Box, Building and Room Number, if any

Street 221 County Road

City Cresskill

State New Jersey ZIP Code + 4 07626

5.b. Termination Date 5/5/12 5.c. Amount 8,912

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,912

**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
Martin <input type="checkbox"/> Dreiss	8,500	412	8,912
<input type="checkbox"/>	0	0	0
<input type="checkbox"/>	0	0	0
<input type="checkbox"/>	0	0	0
<input type="checkbox"/>			

8. Total disbursements to officers and employees: 8,912

9. Office and Administrative Expenses	<u></u>
10. Publicity	<u></u>
11. Fees for Professional Services	<u></u>
12. Loans Made	<u></u>
13. Other Disbursements	<u></u>
14. Total Disbursements (Sum of Items 8-13)	<u>8,912</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

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