U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT 542517 Month/Day/Year Month/Day/Year 2. Period Covered (mm/dd/yyyy) By This Report From: 2012 05 / 2012 Through: 23 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Keith Peraino Title Title President Organization Peraino & Assc.dba National Labor Cons. Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any P.O. Box 4422812 Street Street Kissimmee City City State Plorida ZIP Code + 4 34742 ZIP Code + 4 State **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 Se on on penalties in the instructions). 18. Signed Treasurer **President** 17. Signed (If other title, see (if other title, see President Treasurer instructions) instructions) 603 3135 Telephone Number Date Telephone Number

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice of services. Sa. Name and Address of Employer (including trade name, if any). Employer (Care One at Duptroven Trade Name Attention To City Ceresk 111 Trade State New Jersey 2IP Code + 4 [07626] S.b. Termination Date [5/5/12] S.c. Amount [6, 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 islaid in Part 5. (c) Statement of Disbursements (c) Solary (c) Expenses (d) Totals (a) Name (b) Solary (c) Expenses (d) Totals (b) Solary (c) Expenses (d) Totals (c) Solary (d) Sola	Name of Person Filing: Keith Peraino							File Number C-			
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