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

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## 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. 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.

Required of persons, including Labor Relations Consultants and Other Includuals 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 CAREFUL	LLY BEFORE PREPARING THIS REPORT								
S55 <sup>1</sup> 197									
1 . File Number C- 770	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 11 / 02 / 2013 Through: Month/Day/Year (mm/dd/yyyy) 12 / 02 / 2013								
A. Person Filing									
Name and mailing address (include ZIP Code):     Name    REITH	Any other address where records necessary to verify this report are kept:     Name								
Trile PRESIDENT	Title								
Organization PERAINO & ASSC DBA NATIONAL LABOR CONSULT Organization									
P.O. Box, Building and Room Number, if any 422812	P.O. Box, Building and Room Number, if any								
Street	Street								
City RISSIMMEE	City								
State Florida ZIP Code + 4 34742	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 President (if other title, see	18. Signed Treasurer (if other title, see								
instructions)	Title instructions)								
On 3 / 31 / 2014 407 603 5135  Telephone Number	On / / Telephone Number								

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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 WESTPORT BEALTH CARE CENTER  Trade Name  Attention To  City WESTPORT  Title  State Connecticut  ZIP Code + 4 06888  5.b. Termination Date  11/25/2014  5.c. Amount 44769-00  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  ANTHONY  CONDRA  11500.00  6635. F. 135  9. Office and Administrative Expenses  WILLIZAM  SULLIVAN  6000.  10. Publicity									
As Name and Address of Employer (including trade name, if any).  Employer WESTPORT BEALTH CARE CENTER  Trade Name  Streed BURR RD.  Attention To  City WESTPORT  State  Connecticut  ZIP Code + 4 05888  S. Termination Date  11/25/2014  5. Amount 44769.00  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Disbursements  to the employers listed in Part B.  7. Disbursements to Officers and Employees.  (a) Name  (b) Salay  (c) Expenses (c) Totals  NITLLIAM  SULLIVAN  6000.  (b) Salay  (c) Expenses (c) Totals  NATEONY  11500.00  6635.  20635  11. Pees for Professional Services  NARTIN  DREISS  14000.  13. Other Disbursements  13. Other Disbursements  15. Total disbursements nade on the purposes described in Part D of the instructions.  15. Total disbursements no officers and employees  15. Total disbursements to officers and employees  15. Total disbursements to officers and employees  15. Total disbursements nade for the purposes described in Part D of the instructions.  15. Total officers and Room Number, if any  Street  City  Street  City	Name of Person Filing:					File Number C-			
A Name and Address of Employer (including trade name, if any).  Employer WESTPORT BEALTH CARE CENTER  Trade Name  Street BURR RD.  Attention To  City WESTPORT  State  Connecticut  ZIP Code + 4 06888  S. Termination Date  11/25/2014  5. Amount 44769.00  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Disbursements  to the employers listed in Part B.  7. Disbursements to Officers and Employees.  (b) Salary  (c) Expenses (c) Totals  NITLLIAM  SULLIVAN  6000.  (b) Salary  (c) Expenses (c) Totals  NATEONY  11. DREISS  14000.  6635.  20639  11. Pees for Professional Services  NARTIN  DREISS  14000.  13. Other Disbursements  12. Loans Made  13. Other Disbursements  15. Total disbursements made engloyees:  15. Total disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.									
Employer WESTPORT BEALTS CARE CENTER Trade Name Attention To CRy WESTPORT Title State Connecticut ZIP Code + 4 06888  5.b. Termination Date 11/25/2014 5.c. Amount 44769.00  6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Diaburacements Report all diaburacements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. 7. Disburacements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  ANTERORY CONDRA 11500.00 6635- 7.7.35 9. Office and Administrative Expenses NAMERIN SULLIVAN 6000. 6635- 7.7.35 9. Office and Administrative Expenses NAMERIN DREISS 14000. 6635- 7.7.600 11. Publicity 11. Fees for Professional Services 12. Lorars Made 13. Other Disburacements to officers and employees: 4.7.7.67.00  8. Total disburacements to officers and employees: 4.7.7.67.00  D. Schedule of Disburacements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15.b. Trade Name, if any.  15.c. To Whom Paid Name Title Organization  P.O. Box, Building and Room Number, if any  Street Cay	B. Statement of		from employers in	n connection	with labor relation	ns advice or serv	ices regardless of the purpo	ses of the advice	
Employer WESTPORT BEALTH CARE CENTER  Attendion To CRy WESTPORT  Title State Connecticut ZIP Code + 4 06888  5.b. Termination Date 11/25/2014 5.c. Amount 44769.00  6. TOTAL RECEIPTS FROM ALL EMPLOYERS	5.a. Name and Add	ress of Employer (including trad	de name, if any).		ħ	Mailing Address:			
Attention To  Title  State Connect Licut  ZIP Code + 4 06888  5.b. Termination Date 11/25/2014  5.c. Amount 44769.00  C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employees: (a) Name (b) Selary (c) Expenses (d) Totals  ANTERONY CONDRA 11500.00 6635. S. /S. /35 9. Office and Administrative Expenses  NILLIAM SULLIVAN 6000. G635. S. /S. /35 9. Office and Administrative Expenses  NILLIAM DREISS 14000. 6635. S. /S. /35 9. Office and Administrative Expenses  NILLIAM DREISS 14000. G635. S. /S. /35 9. Office and Administrative Expenses  NILLIAM SULLIVAN 13. Other Disbursements  NARTIN DREISS 14000. G635. S. /S. /35 9. Office and Administrative Expenses  12. Loans Made  13. Other Disbursements  15. Loans Made  16. Total disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15. Trade Name, If any:  15. Amount  15. Amount  15. Purpose  Street  Cay	Employer WESTPORT HEALTH CARE CENTER								
State Connecticut ZIP Code + 4 06888  5.b. Termination Date 11/25/2014 5.c. Amount 44769.00  6. TOTAL RECEIPTS FROM ALL EMPLOYERS 44767. W  C. Statement of Disbursements rough to the employers listed in Part B.  7. Disbursements to Officers and Employees:  (a) Name  (b) Salary  (c) Expenses (d) Totals  (c) Expenses (d) Totals  ANTEONY CONDRA 11500.00 6635. 9.735 9. Office and Administrative Expenses with LLIAM SULLIVAN 6000. 9.000 10. Publicity  MARTIN DREIS 14000. 6635. 2003 11. Fees for Professional Services  12. Loans Made  13. Other Disbursements (Sum of Hams 8-13) 44. 767.00  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.b. Trade Name, If any:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City	Trade Name				Street B	URR RD.			
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to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  ANTHONY CONDRA 11500.00 6635.					<del></del>	77/	57. 00		
to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  ANTHONY CONDRA 11500.00 6635.									
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ANTEONY CONDRA 11500.00 6635. S. 135 9. Office and Administrative Expenses WILLIAM SULLIVAN 6000. CONDRA 11. Fees for Professional Services  10. Publicity  11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  13. Other Disbursements (Sum of Itams 8-13) 44. 767.00  14. Total disbursements (Sum of Itams 8-13) 44. 767.00  15. Employer Name:  15. Trade Name, If any:  15. Amount  15. Purpose  15. Purpose  15. Purpose		o Officers and Employees:	(b) Salary	(c) Expenses	(d) Totals				
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MARTIN DREISS 14000. 6635. 2063 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 8. Total disbursements to officers and employees: 49.7670 14. Total Disbursements (Sum of liems 8-13) 44.767.00  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	WILLIAM	SULLIVAN	6000.	<u> </u>		<del></del>	William Carponaca		
8. Total disbursements to officers and employees:  9. Total disbursements to officers and employees:  9. 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	MARTIN	DREISS	14000.	6635.		11. Fees for Professional Services		-	
8. Total disbursements to officers and employees:  4. Total Disbursements (Sum of Items 8-13)  9. 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					2000	12. Loans Mad	e		
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Parl 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						13. Other Disb	ursements		
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	8. Total disburser	nents to officers and employ	/ees:	(	44.7690	14. Total Disbursements (Sum of Items 8-13) 44. 767.0		44.769.00	
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					-			-	
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	D. Schedule of C	Disbursements for Reports		Lies this Sch	adula to report or	the dishermannes	a made for the summand day		
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City			•	instructions.	same to report on	my dispulsement	s made for the purposes des	Cribed in Part D of the	
Name Title Organization  P.O. Box, Building and Room Number, if any Street City	15.a. Employer N	lame:			15.b. Trade	∍ Name, If any:			
Name Title Organization  P.O. Box, Building and Room Number, if any Street City		· · · · · · · · · · · · · · · · · · ·		<u> </u>					
Title Organization  P.O. Box, Building and Room Number, if any  Street City	15.c. To Whom Paid				15.d. Amou	15.d. Amount			
Title Organization  P.O. Box, Building and Room Number, if any  Street City	Name				15.e. Purpo	15.e. Purpose			
P.O. Box, Building and Room Number, if any Street City	Title								
Street City	Organization								
Street City									
City	P.O. Box, Buik	ding and Room Number, if a	any						
	Street								
	Citv								
	-	ngton	71P Code + 4						

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY