

FORM LM-21

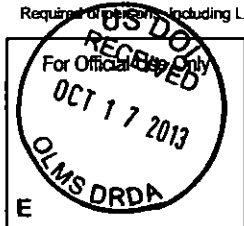
RECEIPTS AND DISBURSEMENTS REPORT

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.

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



536261

1. File Number C- <input type="text"/> 65536	2. Period Covered By This Report From: <input type="text"/> 07/01/2012 Through: <input type="text"/> 06/30/2013
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Randy C McCarthy	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> Sec.-Tres.	Name <input type="text"/>
Organization <input type="text"/> National Consultants Associates, Ltd	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 66 Rodeo Drive	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Hopewell Junction	Street <input type="text"/>
State <input type="text"/> New York ZIP Code + 4 <input type="text"/> 12533	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 <input type="text"/> [Signature]	President (if other title, see instructions)	18. Signed <input type="text"/> [Signature]	Treasurer (if other title, see instructions)
Title <input type="text"/> President		Title <input type="text"/> Treasurer	
On <input type="text"/> 9/26/13 <input type="text"/> 845-592-4400	Date Telephone Number	On <input type="text"/> 9/25/13 <input type="text"/> 845-592-4400	Date Telephone Number

Name of Person Filing: <u>National Consultants Associated, Ltd.</u>	File Number C- <u>65536</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 <u>Corbel Installations, Inc.</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>800 South 3rd Avenue</u>	
Attention To <u>Bob</u> <input type="checkbox"/> <u>Cipolla</u>		City <u>Mt. Vernon</u>	
Title <u>Owner</u>		State <u>New York</u>	ZIP Code + 4 <u>12533</u>

5.b. Termination Date <u>4/30/13</u>	5.c. Amount <u>\$2,500.</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>\$25,000.00 [see attached re: 5.a.]</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>Andrew J. Gallin</u>	<u>5,800</u>	<u>1,250</u>	<u>7,050</u>	9. Office and Administrative Expenses	<u>2,500</u>
<u>Randy C. McCarthy</u>	<u>5,800</u>	<u>1,250</u>	<u>7,050</u>	10. Publicity	<u>0</u>
				11. Fees for Professional Services	<u>1,150</u>
				12. Loans Made	<u>0</u>
				13. Other Disbursements	<u>1,250</u>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<u>19,000</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	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State <u>Washington</u>	
ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

ITEM #5. a. National Consultants Associated, Ltd. pg. 1 of 1
File No. C-65536
End Date of Reporting Period 6/30/2013

2. The Riese Organization
Attention To: Gary M. Trimarchi, President & COO
560 Fifth Avenue - 4th Floor
New York, N.Y. 10036

Termination Date: 10/22/12

Fee: \$5,000.

3. Chesapeake Pharmaceutical Packaging Company, LLC
Attention To: Chris Mathew, Manager, H.R. & Benefits - North Amer.
325 Duffy Avenue
Hicksville, N.Y. 11801

Termination Date: 9/4/12 —

Fee: \$17,500.