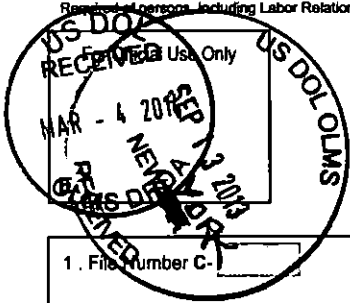


# FORM LM-21

## 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. 438 or 440.

Reminders 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

5425 KP

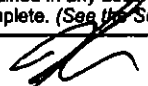
1. File Number C-	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	05 / 23 / 2012		06 / 22 / 2012

770

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Keith <input type="checkbox"/> Peraino <input type="checkbox"/>
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 	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title	President	Title	Treasurer
On	05 / 23 / 2012	On	
Date	407 603 5135	Date	
Telephone Number		Telephone Number	

Name of Person Filing: <b>Keith Peraino</b>	File Number: C-
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1. 2011 net of Aggregate Federal all receipts from employers, contribution with labor unions, direct or services regardless of the purposes of the advice or services.

Name of Employer (including trade name, if any)		Mailing Address:	
Employer: <b>Oradell Healthcare Center</b>		P.O. Box, Building and Room Number, if any	
Trade Name: _____		Street: <b>600 Kinderkamack Rd</b>	
City: _____		City: <b>Oradell</b>	
State: _____		State: <b>NJ</b>	
ZIP Code + 4: _____		ZIP Code + 4: <b>07649</b>	

Net Total Disbursements: <b>6/22/2012</b>	Net Amount: <b>134,500.36</b>
<b>\$134,500.36</b>	

2. Statement of Disbursements: Report all disbursements made by the reporting organization in connection with advisory opinions advice or services rendered to the employers listed in Part 3.

Disbursements to Officers and Employees	Disbursements to Other Parties	Disbursements to Other Parties	Disbursements to Other Parties	Disbursements to Other Parties	Disbursements to Other Parties
Mark <b>810.00</b>	Peracelli <b>436.10</b>	14360.10			
Monica <b>810.00</b>	Ken <b>1212</b>	21212.00	9. Office and Administrative Expenses		
Carol <b>810.00</b>	Acevedo <b>466</b>	20466	10. Publicity		
Martin <b>810.00</b>	Drews <b>8906.77</b>	33906.77	11. Fees for Professional Services		
Keith <b>810.00</b>	Peraino <b>2659.09</b>	27659.09	12. Loans Made		
Maudie <b>810.00</b>	Lafarve <b>820.70</b>	20820.70	13. Other Disbursements		
Total Disbursements to officers and employees: <b>134,500.36</b>		Total Disbursements (Sum of Items 9-13): <b>\$134,500.36</b>			

3. Schedule of Disbursements for Reportable Activity: Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<p>4. a. Employer Name: _____</p> <p>5. b. Trade Name, if any: _____</p> <p>6. c. Amount: _____</p> <p>7. d. Purpose: _____</p>	<p>8. e. Name: _____</p> <p>9. f. Title: _____</p> <p>10. g. Organization: _____</p> <p>11. h. P.O. Box, Building and Room Number, if any: _____</p> <p>12. i. Street: _____</p> <p>13. j. City: _____</p> <p>14. k. State: <b>Washington</b> ZIP Code + 4: _____</p>
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15. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: \_\_\_\_\_