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

1. File Number C-776

## 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. 89-257, as emended. Failure to comply may result in criminal prosecution, fines, or civil penalties as province by 29 0.00. The complete of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1859, as amended, (LMRDA)

- X-VIII	
For Official Use Only	READ THE INSTRUCTIONS
	<del> </del>
Ε	55K799

E INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

1.11001100100100100100100100100100100100		By This Report		(mm/dd/yyyy)		{ mm/dd/yyyy }		
		From:	10 / 01	/ 2013	Through:	10	/ 30	/ 2013
A. Person Filing	<u>_</u>				-			
3. Name and mailing address (include ZIP C	xde):	4. Any other address	s where reco	rds necessa	ary to verify	this rec	ort an	e kept:
Name KEITH	PERAINO	Name						-
Title PRESIDENT		Title						
Organization PERAINO & ASSC DBA	, NATIONAL LABOR CONSUL	Organization						
P.O. Box, Building and Room Number, if any 422812		P.O. Box, Building and Room Number, if any						
Street		Street						
City KISSIMMEE		City						
State Florida	ZIP Code + 4 34742	State			ZIP Cod	B + <b>4</b>		

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 18. Signed President Treasurer (if other title, see (If other title, see Title President instructions) Title instructions) 3 / 31 / 2014 407 603 5135 Telephone Number Telephone Number

File Num!	ber C- 
ction with labor relations advice or services regard	less of the purposes of the advice
Mailing Address:	
P.O. Box, Building and Room Number, i	f eny
Street 162 SOUTH BRITAIN R	D
City SOUTHBURY	
State Connecticut	ZIP Code + 4 06488
5.c. Amount 9293, <b>6</b>	
929300	
	Mailing Address: P.O. Box, Building and Room Number, i  Street 162 SOUTH BRITAIN R City SOUTHBURY  State Connecticut.

C. Statement of Disbursements		Report all disbursements to the employers listed in	made by the repor Part B.	ting organization in connection with labor relations advi-	ce or services rendered
7. Disbursements (a) Name	s to Officers and Empl	oyees: (b) Salary	(c) Expenses (d) To	otals	
KEITB	PERAINO	3000	778.	9. Office and Administrative Expenses	<u> </u>
MARTIN	DREISS	3000		10. Publicity	<del></del>
BILL	SULLIVAN	1500		11. Fees for Professional Services	1015.
				12. Loans Made	
		_		13. Other Disbursements	1
8. Total disburse	ements to officers a	nd employees:	018.0	14. Total Disbursements (Sum of Items 8-13)	9,29308

D. Schedule of Diabursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D clinstructions.				
15.a. Employer Name;	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount			
Name	15.e. Purpose			
ਸ <b>t</b> e				
Organization				
P.O. Box, Building and Room Number, if any				
Street				
City				
State ZIP Code +	+4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	ACTIVITY			

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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 Individuals 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 CARE	FULLY BEFORE PREPA	ARING THIS REPORT	]		
E					
1 . File Number C-	2. Period Covered	Month/Day/Year (mm/dd/yyyr)		Month/Day/Year (mn/dd/yyyy)	
	By This Report From:	10 / 01 / 2013	Through:	10 / 30 / 2013	
A. Person Filing  3. Name and mailing address (include ZIP Code):  Name KEITH PERAINO	4. Any other addres	s where records necessa	ary to verify	this report are kept:	
Title PRESIDENT	Title				
Organization PERAINO & ASSC, DBA NATIONAL LABOR CONSU	Organization				
P.O. Box, Building and Room Number, if any 422812	P.O. Box, Buildin	g and Room Number, if a	Brity		
Street	Street				
City KISSIMME	City				
State Florida ZIP Code + 4 34742	State		ZIP Cod	le + 4	
Sig	natures			<del></del>	

information contained in sall accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete signature and complete signature in the instructions). 17. Signed . President 18. Signed Treasurer (if other title, see (If other title, see Title President instructions) Title instructions) 407 603 5135 3 / 31 / 2014 On Telephone Number Telephone Number

Name of Person Filing:	File	Number C-
D. Statement of Bosolate Donat of secretariate from a relevant	and the balance of the second	
Statement of Receipts Report all receipts from employers in connection services.	on with labor relations advice or services re	egardiess of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Employer GOLDEN HILL HEALTH CARE CENTER	P.O. Box, Building and Room Num	ber, if any
Trade Name	Street 2028 BRIDGEPORT	AVE
Attention To	City MILFORD	
Title	State Connecticut	ZIP Code + 4 06460
5.b. Termination Date 10/30/13	5.c. Amount 9804.0 <b>g</b>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	9804	.00

C. Statement of Disbursements  Report all disbursements made by the reporting organization to the employers listed in Part B.				ation in connection with labor relations advice	e or services rendered	
7. Disbursement (a) Name	s to Officers and Empl	oyees: (b) Salary	(c) Expenses (	d) Totals		
MARTIN	DREISS	3000	.1485		9. Office and Administrative Expenses	<del></del>
KEITH	PERAINO	3000			10. Publicity	· · · · · · · · · · · · · · · · · · ·
CAROL	ACEVEDO	1500			11. Fees for Professional Services	819.
					12. Loans Made	
					13. Other Disbursements	
8. Total disbura	ements to officers as	nd employees:	- 7	1985.00	14. Total Disbursements (Sum of Items 8-13)	9804.06

15.a. Employer Name:  15.b. Trace  15.c. To Whom Paid  15.d. Amo  Name  15.e. Purp  Title  Organization  P.O. Box, Building and Room Number, if any  Street	y disbursements made for the purposes described in Part D of the
Name Title Organization P.O. Box, Building and Room Number, if any	Name, If any:
Title Organization  P.O. Box, Building and Room Number, if any	t
Organization P.O. Box, Building and Room Number, if any	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	