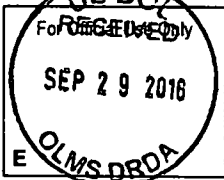


FORM LM-21

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. 439 or 440.

Required 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

628332

1. File Number C- <u>66659</u>	2. Period Covered By This Report From: <u>8/15/15</u> Through: <u>8/14/15</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
		<u>14</u>	<u>15</u>

A. Person Filing

3. Name and mailing address (include ZIP Code): Name <u>Kent Peraino</u> Title <u>CEO</u> Organization <u>Creative Solutions & Visuals LLC</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 422812</u> Street <u>Kissimmee</u> City <u>FL</u> State <u>FL</u> ZIP Code + 4 <u>34742</u>	4. Any other address where records necessary to verify this report are kept: Name <u>Tina Covington, CEO</u> Title <u>CEO</u> Organization <u>The Hawthorne Foundation</u> P.O. Box, Building and Room Number, if any Street <u>5 Bradhurst Avenue</u> City <u>Hawthorne</u> State <u>NJ</u> ZIP Code + 4 <u>10532</u>
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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 <u>[Signature]</u> Title <u>President</u> On <u>11/11/2015</u> Date <u>(732) 589-1439</u> Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number
President (if other title, see instructions)	Treasurer (if other title, see instructions)

Name of Person Filing: <u>Keith Perrino</u>	File Number C-
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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 Trade Name Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	
5.b. Termination Date <u>8/14/15</u>	5.c. Amount <u>\$40,000</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>\$40,000</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>Danny Bryan</u>	<u>\$,000</u>	<u>2,000</u>	<u>7,000</u>	9. Office and Administrative Expenses	
<u>Lisa Long</u>	<u>1,000</u>	<u>500</u>	<u>1,500</u>	10. Publicity	
<u>Frank Deo</u>	<u>5,000</u>	<u>2,000</u>	<u>7,000</u>	11. Fees for Professional Services	
<u>Monica Kline</u>	<u>3,000</u>	<u>1,500</u>	<u>4,500</u>	12. Loans Made	
<u>Dina Cordino</u>	<u>5,000</u>	<u>2,000</u>	<u>7,000</u>	13. Other Disbursements	
8. Total disbursements to officers and employees: <u>27,000</u>				14. Total Disbursements (Sum of Items 8-13)	<u>27,000</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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State <u>Washington</u> ZIP Code + 4	15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

