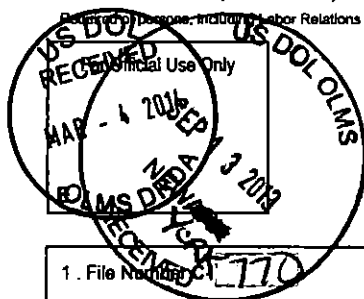


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

542516

1. File Number: <u>770</u>	2. Period Covered By This Report From: <u>03/16/2012</u> Through: <u>03/23/2012</u>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Keith Peraino
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 [Signature] President
Title President
(if other title, see instructions)

On 8/28/13 407 603 5135
Date Telephone Number

18. Signed _____ Treasurer
Title Treasurer
(If other title, see instructions)

On _____
Date Telephone Number

Name of Person Filing:

File Number C-

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:

P.O. Box, Building and Room Number, if any

Employer CareOne at Madison

Trade Name

Street

151 Madison Ave

Attention To

City

Morristown

Title

State

NJ

ZIP Code + 4

07960

5.b. Termination Date

3/23/12

5.c. Amount

\$82,611.75

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

\$ 82,611.75**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:

<u>Michael</u>	<u>Caserta</u>	<u>662.50</u>	<u>1932.29</u>	<u>28182.29</u>	9. Office and Administrative Expenses	
<u>Keith</u>	<u>Petrino</u>	<u>112.00</u>	<u>1932.29</u>	<u>4,057.29</u>	10. Publicity	
<u>Martin</u>	<u>Dreus</u>	<u>112.125</u>	<u>1932.29</u>	<u>4,057.29</u>	11. Fees for Professional Services	
<u>Diana</u>	<u>Bianco</u>	<u>2500</u>	<u>1932.29</u>	<u>4,432.29</u>	12. Loans Made	
<u>Manda</u>	<u>Lafarve</u>	<u>8875</u>	<u>1932.29</u>	<u>8,089.29</u>	13. Other Disbursements	
<u>Steve</u>	<u>Welpman</u>	<u>8875</u>	<u>1932.29</u>	<u>8,089.29</u>	14. Total Disbursements (Sum of Items 8-13)	<u>462,387.49</u>

8. Total disbursements to officers and employees:

\$62,387.49**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

Street

City

State

Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY