

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 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 CAREFULLY BEFORE PREPARING THIS REPORT

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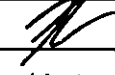
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1. File Number C-770	2. Period Covered By This Report From: 01 / 02 / 2013 Through: 06 / 01 / 2013
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name KEITH PERAINO Title PRESIDENT Organization PERAINO & ASSC DBA NATIONAL LABOR CONSULT P.O. Box, Building and Room Number, if any P.O. BOX 422812 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  Title President On 3 / 31 / 2014 407 603 5135 Date Telephone Number	18. Signed _____ Title _____ On / / Date Telephone Number
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Name of Person Filing:	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 **GRAND BLANC REHAB & NURSING**
 Trade Name
 Attention To
 Title

Mailing Address:
 P.O. Box, Building and Room Number, if any
 11941
 Street **BELSAY RD.**
 City **GRAND BLANC**
 State **Michigan** ZIP Code + 4 **48439**

5.b. Termination Date **JUNE 2013** 5.c. Amount **162,753.00**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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
Frank Digangi	14K	5K	19K
Richard Knapp	14K	5K	19K
Carol Beutner	10K	5K	15K
Carol Reeves	12K	5K	17K
Khanh Tran	14K	5K	19K

8. Total disbursements to officers and employees: **89K**

9. Office and Administrative Expenses
 10. Publicity
 11. Fees for Professional Services
 12. Loans Made
 13. Other Disbursements

14. Total Disbursements (Sum of Items 8-13) **89K**

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 ZIP Code + 4	15.d. Amount 15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY