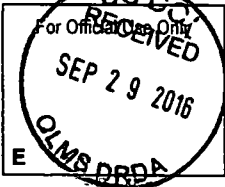


FORM LM-21

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. 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

628333

1. File Number C: 66659	2. Period Covered By This Report From: 8/21/14	Month/Day/Year (mm/dd/yyyy)	Through: 8/20/15	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name: Keith Perrino	4. Any other address where records necessary to verify this report are kept:
Title: CEO	Name: Maureen Pollack
Organization: Creative Solutions & Visors LLC	Title: CEO
P.O. Box, Building and Room Number, if any: P.O. Box 422812	Organization: Eagleville Hospital
Street: Kissimmee	P.O. Box, Building and Room Number, if any:
City: Kissimmee	Street: 100 Eagleville Rd
State: FL	City: Eagleville
ZIP Code + 4: 34742	State: PA
	ZIP Code + 4: 19403

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	18. Signed: [Signature]	Treasurer
Title: President	(if other title, see instructions)	Title: Treasurer	(if other title, see instructions)
On: 11/1/2013	Telephone Number: (732) 589-1439	On: 1/1/14	Telephone Number:
Date	Telephone Number	Date	Telephone Number

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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer _____</p> <p>Trade Name _____</p> <p>Attention To _____</p> <p>Title _____</p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>
5.b. Termination Date <u>08/20/15</u>	5.c. Amount <u>85,000</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>\$ 85,000</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>Kim Bolen</u>	<u>9,000</u>	<u>3,000</u>	<u>12,000</u>	9. Office and Administrative Expenses
<u>Dina Cordiano</u>	<u>9,000</u>	<u>3,000</u>	<u>12,000</u>	10. Publicity
<u>Carol Acevedo</u>	<u>7,500</u>	<u>3,000</u>	<u>10,500</u>	11. Fees for Professional Services
<u>Monica Kline</u>	<u>5,000</u>	<u>3,000</u>	<u>8,000</u>	12. Loans Made
<u>John Burris</u>	<u>7,500</u>	<u>3,000</u>	<u>10,500</u>	13. Other Disbursements
8. Total disbursements to officers and employees: <u>61,000</u>				14. Total Disbursements (Sum of Items 8-13) <u>61,000</u>
<u>Anthony Cortes</u>				
	<u>5,000</u>	<u>3,000</u>	<u>8,000</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	15.d. Amount
<p>Name _____</p> <p>Title _____</p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State <u>Washington</u> ZIP Code + 4 _____</p>	15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	