

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
RECEIVED
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

555799

1. File Number C-770	2. Period Covered By This Report From: 10 / 01 / 2013 Through: 10 / 30 / 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 CONSUL P.O. Box, Building and Room Number, if any 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 THE HIGHLANDS HEALTH CARE CENTER Trade Name Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 745 HIGHLANDS AVE City CHESHIRE State Connecticut ZIP Code + 4 06410
5.b. Termination Date 10/30/13	5.c. Amount 9883.00
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9883.00	

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		
MARTIN DREISS	3000	2383			9. Office and Administrative Expenses
KEITH PERAINO	3000				10. Publicity
CAROL ACEVEDO	1500				11. Fees for Professional Services
					12. Loans Made
					13. Other Disbursements
8. Total disbursements to officers and employees: 9883.00				14. Total Disbursements (Sum of Items 8-13)	9883.00

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		