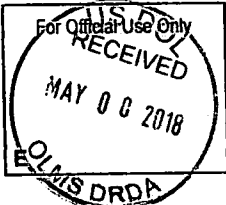


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 03-31-2019

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

676794

1. File Number C- 66659	2. Period Covered By This Report From: 2/19/16 Through: 3/28/16	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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### A. Person Filing

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

Name: Keith Perani  
Title: CEO  
Organization: Creative Solutions & Visuals LLC  
P.O. Box, Building and Room Number, if any: P.O. Box 422812  
Street: Kissimmee FL  
City: Kissimmee FL  
State: FL ZIP Code + 4: 34742

#### 4. Any other address where records necessary to verify this report are kept:

Name: N/A  
Title: N/A  
Organization: N/A  
P.O. Box, Building and Room Number, if any: N/A  
Street: N/A  
City: N/A  
State: N/A ZIP Code + 4: N/A

### 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] Title: President On: 6/1/18 Date: 6/1/18 Telephone Number: (732) 5891439	18. Signed: [Signature] Title: Treasurer On: 6/1/18 Date: 6/1/18 Telephone Number: [Redacted]
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Name of Person Filing: Creative Solutions + Visions LLCFile Number C- 66659**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 Creative Solutions + Visions LLCP.O. Box 422812

Trade Name

Street

Attention To Kerla Perera

City

Title CEOState FLZIP Code + 4 347425.b. Termination Date 3/25/16

5.c. Amount

\$90,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

\$90,000**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>Jon Burgess</u>	<u>1/1/00</u>	<u>3000</u>	<u>13K</u>	9. Office and Administrative Expenses	<u>5,000</u>
<u>Dawn Chappin</u>	<u>10,000</u>	<u>3,000</u>	<u>13K</u>	10. Publicity	
<u>Mante Leferve</u>	<u>15,000</u>	<u>3,100</u>	<u>18K</u>	11. Fees for Professional Services	
<u>Laura Crowley</u>	<u>5,000</u>	<u>2,000</u>	<u>7K</u>	12. Loans Made	
<u>Wes Zabritsky</u>	<u>15,000</u>	<u>3,000</u>	<u>18K</u>	13. Other Disbursements	
8. Total disbursements to officers and employees:			<u>69K</u>	14. Total Disbursements (Sum of Items 8-13)	<u>174,000</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

Name

15.e. Purpose

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY