. U.S. Department of Labor Office of Labor Management Standard Washington PG AEB 10

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

JUL 0 6 2012

datory 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. including Nations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA) Required o

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

. File Number C-	2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy) (mm/dd/yyyy)			
. 4//	From: // / / 07 Through: /2/31/07			
A. Person Filing				
Name and mailing address (include ZIP Code): Name Kerth Ryani	Any other address where records necessary to verify this report are kept: Name			
Name Keith Remini Title President Organization Peraino e Associates	Title			
Organization Peraino e Associates	Organization			
P.O. Box, Building and Room Number, if any P.O. Box #22812	P.O. Box, Building and Room Number, if any			
Street 8	Street			
City Kissimanee	City			
State	State ZIP Code + 4			
Signa	tures			
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).				
17. Signed President (if other title, see instructions)	18. Signed Treasurer Title Treasurer (If other title, see instructions)			
On 5/8/12 7/8 309 8/49 Telephone Number	On			

Name of Person Filing:	uaino			File Number C-	6 p p -	
B. Statement of Receipts Report all receipts fro or services.	m employers i	in connection w	ith labor rela	ations advice or services regardless of the purpo	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).		***	Mailing Address:			
Employer Labor Relatives Institute,			P.O. Bo	P.O. Box, Building and Room Number, if any		
Trade Name			Street	Street 7850 South Elm Mace Snite F		
Attention To			City	City Brollen Arrow		
Title			State	ZIP Code	:+4 7/6/1	
5.b. Termination Date \$1/8/6	\overline{O}		5.c. Am	ount 22152		
7/10/11				20100		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		418,00	10			
C. Statement of Disbursements Report all c to the empl	disbursements oyers listed in	made by the re Part B.	porting orga	anization in connection with labor relations advic	e or services rendered	
Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses (d	d) Totals			
Keith Pears	T	52/20		9. Office and Administrative Expenses		
				10. Publicity		
				11. Fees for Professional Services		
				12. Loans Made		
				13. Other Disbursements		
8. Total disbursements to officers and employees	s: Ø			14. Total Disbursements (Sum of Items 8-13)	52/2.00	
No S	along Tol	Kee				
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.			dule to repor	rt only disbursements made for the purposes de	scribed in Part D of the	
15.a. Employer Name:			15.b. Tı	15.b. Trade Name, If any:		
15.c. To Whom Paid			15.d. Aı	15.d. Amount		
Name			15.e. Pi	15.e. Purpose		
Title						
Organization						
P.O. Box, Building and Room Number, if any						
Street						
City						
State Washington Z	IP Code + 4					

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY