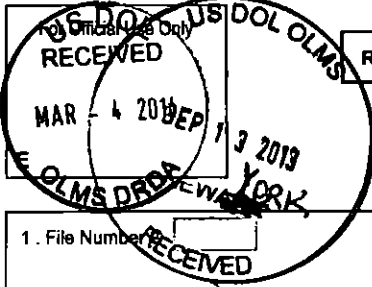


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	07 / 01 / 2012		07 / 29 / 2012

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	Keith Peraino
Title	President
Organization	Peraino & Assoc, dba National Labor Cons.
P.O. Box, Building and Room Number, if any	P.O. Box 4422812
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	President	18. Signed	Treasurer
Title	President	Title	Treasurer
On	8 / 28 / 2013	On	
Date		Date	
Telephone Number	907-603-5135	Telephone Number	

Name of Person Filing: <b>Keith Peraino</b>	File Number: C-
---	-----------------

Part B. Submit of Secretary Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

Name and Address of Employer (including trade name, if any)		Mailing Address	
Employer: <b>Care One at Pine Rest</b>		P.O. Box, Building and Room Number, if any	
Trade Name: _____		Street: <b>90 West Ridgewood Ave</b>	
City, State and Zip: _____		City: <b>Paramus</b>	
Date: _____		State: <b>NY</b> ZIP Code + 4: <b>07652</b>	

5. Amount Paid: <b>7/29/2012</b>	6. Amount: <b>67,301.54</b>
7. Total Receipts from all employers: <b>67,301.54</b>	

Part C. Statement of Disbursements. Period all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

8. Disbursements to Officers and Employees				9. Office and Administrative Expenses	
<b>Anthony</b>	<b>Duperne</b>	<b>88,000</b>	<b>134.00</b>		<b>16.00</b>
<b>Thahon</b>	<b>Tran</b>	<b>89,000</b>	<b>1452.36</b>	10. Publicity	
<b>Monica</b>	<b>Klein</b>	<b>82,000</b>	<b>2991.94</b>	11. Fees for Professional Services	
<b>Robert</b>	<b>Dreiss</b>	<b>43400</b>	<b>408.00</b>	12. Loans Made	
<b>Keith</b>	<b>Peraino</b>	<b>10,000</b>	<b>2912.83</b>	13. Other Disbursements	
<b>Dina</b>	<b>Bianco</b>	<b>3400</b>	<b>1602.71</b>	14. Total Disbursements (Sum of Items 9-13)	<b>459,751.54</b>
15. Total disbursements to officers and employees: <b>459,751.54</b>					

Part 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.

16. Employer Name: _____	17. Trade Name, if any: _____
18. Taxpayer ID:	18. Amount: _____
Name: _____	19. Purpose: _____
Title: _____	
Organization: _____	
P.O. Box, Building and Room Number, if any: _____	
Street: _____	
City: _____	
State: <b>Washington</b> ZIP Code + 4: _____	

19. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: \_\_\_\_\_