

FORM LM-21

RECEIPTS AND DISBURSEMENT'S REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

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

331393

1. File Number C- <u>627</u>	2. Period Covered By This Report From: <u>02/12/2007</u> Through: <u>06/26/2007</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Florence I Edmon</u>	4. Any other address where records necessary to verify this report are kept:
Title _____	Name _____
Organization _____	Title _____
P.O. Box, Building and Room Number, if any _____	Organization _____
Street <u>17040 South Kenwood Ave</u>	P.O. Box, Building and Room Number, if any _____
City <u>South Holland</u>	Street _____
State <u>Illinois</u> ZIP Code + 4 <u>60473</u>	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 <u>Florence I Edmon</u> Title <u>President</u> On <u>6/26/07</u> <u>708 333 3798</u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number
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Name of Person Filing: <u>Florence I Edmon</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.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	<u>MT Sinai Health System</u>	P.O. Box, Building and Room Number, if any	<u>15 + La Plante</u>
Trade Name		Street	
Attention To	<u>Allen H. Channay</u>	City	<u>Chicago</u>
Title	<u>President</u>	State	<u>IL</u> ZIP Code + 4 <u>60608</u>

5.b. Termination Date	<u>6-25-07</u>	5.c. Amount	<u>1911.74</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<u>1911.74</u>
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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		
8. Total disbursements to officers and employees:					
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
				14. Total Disbursements (Sum of Items 8-13)	

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:	
<u>Self</u>			
15.c. To Whom Paid		15.d. Amount	
Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <u>Washington</u> ZIP Code + 4 <input type="text"/>		<u>12</u>	
		15.e. Purpose	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u>0</u>
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