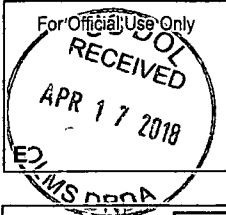


FORM LM-21

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

675362

1. File Number C- <u>00568</u> 643	2. Period Covered By This Report From: <table border="1"><tr><td>Month/Day/Year (mm/dd/yyyy)</td></tr><tr><td><u>01</u>/<u>01</u>/<u>2017</u></td></tr></table> Through: <table border="1"><tr><td>Month/Day/Year (mm/dd/yyyy)</td></tr><tr><td><u>12</u>/<u>31</u>/<u>2017</u></td></tr></table>	Month/Day/Year (mm/dd/yyyy)	<u>01</u> / <u>01</u> / <u>2017</u>	Month/Day/Year (mm/dd/yyyy)	<u>12</u> / <u>31</u> / <u>2017</u>
Month/Day/Year (mm/dd/yyyy)					
<u>01</u> / <u>01</u> / <u>2017</u>					
Month/Day/Year (mm/dd/yyyy)					
<u>12</u> / <u>31</u> / <u>2017</u>					

A. Person Filing

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

Name Chris Cimino
Title CEO
Organization CACR, Labor Education Services
P.O. Box, Building and Room Number, if any

Street 1141 West Washington Blvd., #235
City Chicago
State Illinois ZIP Code + 4 60607

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 <u>[Signature]</u> President (if other title, see instructions) Title <u>President</u> On <u>03</u> / <u>06</u> / <u>2018</u> <u>312-433-0003</u> Date Telephone Number	18. Signed <u></u> Treasurer (If other title, see instructions) Title <u>Treasurer</u> On <u></u> / <u></u> / <u></u> <u></u> Date Telephone Number
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Name of Person Filing: Chris Cimino	File Number C- 00568 643
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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 <input type="text" value="Wheaton Industries"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="1501 North 10th Street"/>
Attention To <input type="text" value="Tim"/> <input type="checkbox"/> <input type="text" value="Williams"/>	City <input type="text" value="Millville"/>
Title <input type="text" value="Director, Human Resources"/>	State <input type="text" value="New Jersey"/> ZIP Code + 4 <input type="text" value="08332"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 230,981

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	
<input type="checkbox"/> Rozella <input type="checkbox"/> Nelsen	7,740	0	7,740	9. Office and Administrative Expenses <input type="text" value="76"/>
<input type="checkbox"/> Chris <input type="checkbox"/> Cimino	70,650		70,650	10. Publicity <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>				11. Fees for Professional Services <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>				12. Loans Made <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>				13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text" value="78,466"/>

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.

<p>15.a. Employer Name: <input type="text" value="Bruce Crawford"/></p> <p>15.c. To Whom Paid</p> <p>Name <input type="text" value="Bruce"/> <input type="checkbox"/> <input type="text" value="Crawford"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text" value="10567 Big Canoe"/></p> <p>City <input type="text" value="Jasper"/></p> <p>State <input type="text" value="Georgia"/> ZIP Code + 4 <input type="text" value="30143"/></p>	<p>15.b. Trade Name, If any: <input type="text"/></p> <p>15.d. Amount <input type="text" value="18,963"/></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Consulting work on case. </div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 152,515

Name of Person Filing: Chris Cimino		File Number C- 00568 643	
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>Munson Medical Center</u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u>1105 Sixth Street</u>		
Attention To: <u>Rachel</u> <input type="checkbox"/> <u>Roe</u>	City <u>Traverse City</u>		
Title <u></u>	State <u>Michigan</u>	ZIP Code + 4 <u>49684</u>	
5.b. Termination Date <u>08/31/17</u>		5.c. Amount <u>35,548</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>NCI Building Systems</u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u>Metal Coaters</u>	Street <u>10943 N. Sam Houston Pkwy. W</u>		
Attention To: <u>Chris</u> <input type="checkbox"/> <u>Kapp</u>	City <u>Houston</u>		
Title <u>Vice President, HR</u>	State <u>Texas</u>	ZIP Code + 4 <u>77064</u>	
5.b. Termination Date <u>06/06/17</u>		5.c. Amount <u>3,835</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Iowa Fertilizer</u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u>3550 180th Street</u>		
Attention To: <u>Beth</u> <input type="checkbox"/> <u>Niehus</u>	City <u>Wever</u>		
Title <u>Director, Human Resources</u>	State <u>Iowa</u>	ZIP Code + 4 <u>52658</u>	
5.b. Termination Date <u>10/31/17</u>		5.c. Amount <u>1,623</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Superior Ambulance</u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u>2000 Centerwood Drive</u>		
Attention To: <u>Andy</u> <input type="checkbox"/> <u>Brown</u>	City <u>Warren</u>		
Title <u>General Manager</u>	State <u>Michigan</u>	ZIP Code + 4 <u>48091</u>	
5.b. Termination Date <u>10/31/17</u>		5.c. Amount <u>45,654</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Falck Ambulance</u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u>2190 S. McDowell Blvd.</u>		
Attention To: <u>Sean</u> <input type="checkbox"/> <u>Sullivan</u>	City <u>Petaluma</u>		
Title <u>COO</u>	State <u>California</u>	ZIP Code + 4 <u>94954</u>	
5.b. Termination Date <u>11/29/17</u>		5.c. Amount <u>104,294</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u></u>		
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>		
Title <u></u>	State <u></u>	ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></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: Gerald O'Brien	15.b. Trade Name, If any:
15.c. To Whom Paid Name Gerald <input type="checkbox"/> O'Brien Title Organization P.O. Box, Building and Room Number, if any Street 23 Summit Heights City North Oaks State Minnesota ZIP Code + 4 55127	15.d. Amount 78,016 15.e. Purpose Consulting work on case.

15.a. Employer Name: John Kemblowski	15.b. Trade Name, If any:
15.c. To Whom Paid Name John <input type="checkbox"/> Kemblowski Title Organization P.O. Box, Building and Room Number, if any Street 15819 Lerita Drive City Huntley State Illinois ZIP Code + 4 60142	15.d. Amount 18,375 15.e. Purpose Consulting work on case.

15.a. Employer Name: Miriam Navarro	15.b. Trade Name, If any:
15.c. To Whom Paid Name Miriam <input type="checkbox"/> Navarro Title Organization P.O. Box, Building and Room Number, if any Street 9877 Chapman Ave. Suite D426 City Garden Grove State California ZIP Code + 4 92841	15.d. Amount 9,984 15.e. Purpose Consulting work on case.

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: Miguel (Mike) Alvarado	15.b. Trade Name, If any:
15.c. To Whom Paid Name Miguel (Mike) Alvarado Title Organization P.O. Box, Building and Room Number, if any Street 5514 Mission Way City Commerce State California ZIP Code + 4 90040	15.d. Amount 27,177 15.e. Purpose Consulting work on case.

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

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