

FORM LM-21

RECEIPTS AND DISBURSEMENTS 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)

For Official Use Only



NO DATA

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

427354

| | |
|------------------------------|---|
| 1. File Number C- <u>643</u> | 2. Period Covered By This Report From: <u>06</u> / <u>01</u> / <u>2009</u> Through: <u>07</u> / <u>29</u> / <u>2009</u> |
|------------------------------|---|

A. Person Filing

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

Name Chris Cimino
Title President
Organization CACR, INC.
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 [Signature] President
Title President
On 04/01/2010 312-433-0003
Date Telephone Number

18. Signed Treasurer
Title Treasurer
On //
Date Telephone Number

Name of Person Filing: Chris Cimino

File Number C-

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 Family Health Network

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

6th floor

Trade Name

Street

910 W Van Buren Street

Attention To Philip

Bradley

City

Chicago

Title

CEO

State

Illinois

ZIP Code + 4

60607

5.b. Termination Date 12/31/09

5.c. Amount 2,391

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2,391

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 | | |
|---|------------|--------------|------------|---|-------|
| John Aguilar | 1,016 | 141 | 1,157 | 9. Office and Administrative Expenses | |
| Belinda Green | 500 | 0 | 500 | 10. Publicity | |
| | | | | 11. Fees for Professional Services | |
| | | | | 12. Loans Made | |
| | | | | 13. Other Disbursements | |
| 8. Total disbursements to officers and employees: | | | 1,657 | 14. Total Disbursements (Sum of Items 8-13) | 1,657 |

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

Title

Organization

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

Street

City

State

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Chris Cimino

File Number C-

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: <input type="text"/> | 15.b. Trade Name, If any: <input type="text"/> |
| 15.c. To Whom Paid 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 <input type="text"/> ZIP Code + 4 <input type="text"/> | 15.d. Amount <input type="text"/> 15.e. Purpose <input type="text"/> |

| | |
|--|--|
| 15.a. Employer Name: <input type="text"/> | 15.b. Trade Name, If any: <input type="text"/> |
| 15.c. To Whom Paid 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 <input type="text"/> ZIP Code + 4 <input type="text"/> | 15.d. Amount <input type="text"/> 15.e. Purpose <input type="text"/> |

| | |
|--|--|
| 15.a. Employer Name: <input type="text"/> | 15.b. Trade Name, If any: <input type="text"/> |
| 15.c. To Whom Paid 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 <input type="text"/> ZIP Code + 4 <input type="text"/> | 15.d. Amount <input type="text"/> 15.e. Purpose <input type="text"/> |