

FORM LM-21

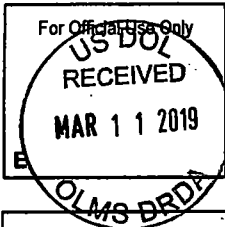
RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

QA

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

691903

1. File Number C	N/A 68125	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		From:	03/22/2018		04/27/2018

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name FRANK A MUSCOLINA	Name RICHARD APPEL
Title PRESIDENT	Title SUP
Organization GENEVA HRM ADVISORS	Organization CAESARS ENTERTAINMENT
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 39 W 136 HENNINGTON BLVD	Street ONE CHELSEA PALACE DRIVE
City GENEVA	City LAS VEGAS
State ILLINOIS	State NEVADA
ZIP Code + 4 60134	ZIP Code + 4 89109

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 N/A	Treasurer
Title President	(if other title, see instructions)	Title Treasurer	(if other title, see instructions)
On 03/04/2019	609-205-0773	On 1/1	
Date	Telephone Number	Date	Telephone Number

Sign/Print

Submit to OLMS

Code Tester

Reset

Spawn List

Name of Person Filing: FRANK A. MUSCOLINA	File Number C- N/A
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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 CAESARS ENTERTAINMENT	P.O. Box, Building and Room Number, if any		
Trade Name	Street ONE CAESARS PALACE DRIVE		
Attention To RICHARD Appel	City LAS VEGAS		
Title SVP	State NEVADA	ZIP Code + 4 89109	

5.b. Termination Date April 27, 2018	5.c. Amount \$15,520
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

Additional Employer Addresses

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	
N/A				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:				14. Total Disbursements (Sum of Items 8-13)

Additional Officers & Employees

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: N/A	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

N/A