

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)

For Official Use Only

U.S. DEPT. OF LABOR
OFFICE OF LABOR-MANAGEMENT
STANDARDS
WASHINGTON, DC 20210

APR 20 2009

E O LMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

393925

1. File Number C- 643	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2008	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2008
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A. Person Filing

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

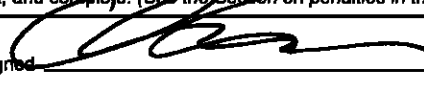
Name Chris Cimino
Title President
Organization CACR, INC.
P.O. Box, Building and Room Number, if any
Street 1141 West Washington Blvd
City Chicago
State Illinois ZIP Code + 4 60607

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 	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On 03 / 29 / 2009	312-433-0003	On / /	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Chris Cimino	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 Rescar Companies, Inc.		P.O. Box, Building and Room Number, if any	
Trade Name		Street 1101 31st Street, Suite 250	
Attention To Dan Madock		City Downers Grove	
Title General Counsel		State Illinois ZIP Code + 4 60515	
5.b. Termination Date 12/31/08		5.c. Amount 5,000	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 5,000			

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		
Perovic Matt	3,500	0	3,500	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:			3,500	14. Total Disbursements (Sum of Items 8-13)	3,500

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	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	