

FORM LM-21

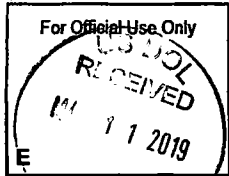
RECEIPTS AND DISBURSEMENTS REPORT

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

691901

1. File Number C N/A 68125	2. Period Covered By This Report From: 05/09/2018 Through: 05/16/2018	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name FRANK A. MUSCOLINA Title PRESIDENT Organization GENEVA HAM ADVISORS P.O. Box, Building and Room Number, if any Street 39 W 136 HEARINGTON BLVD City GENEVA State ILLINOIS ZIP Code + 4 60134	4. Any other address where records necessary to verify this report are kept: Name RICHARD APPEL Title SUP Organization CAESARS ENTERTAINMENT P.O. Box, Building and Room Number, if any Street ONE CAESARS PALACE DRIVE City LAS VEGAS State NEVADA 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 Title President On 03/04/2019 Date 609-705-0773 Telephone Number	18. Signed N/A Title Treasurer On 1/1 Date Telephone Number
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Sign/Print

Submit to OLMS

Code Tester

Reset

Spawn List

Name of Person Filing: FRANK A. MUSCOLIQA	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). Employer CAESARS ENTERTAINMENT Trade Name Attention To RICHARD APPEL Title SVP	Mailing Address: P.O. Box, Building and Room Number, if any Street ONE CAESARS PALACE DRIVE City LAS VEGAS State NEVADA ZIP Code + 4 89109
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5.b. Termination Date MAY 16, 2018	5.c. Amount \$ 25,930
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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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.d. Amount
	15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
N/A