

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

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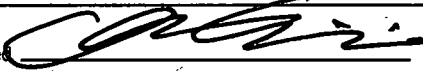
1. File Number C- 643	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2018		12 / 31 / 2018

A. Person Filing

3. Name and mailing address (include ZIP Code): Name Chris Cimino Title President Organization CACR Labor Education Servcies 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
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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 / 31 / 2019 Date 312-961-2110 Telephone Number	18. Signed _____ Title Treasurer On / / Date _____ Telephone Number
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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). Employer St. Margaret's Health Trade Name Attention To Tim Muntz Title Administrator	Mailing Address: P.O. Box, Building and Room Number, if any Street 600 East First Street City Spring Valley State Illinois ZIP Code + 4 61362
5.b. Termination Date 5/30/18	5.c. Amount 28,048
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 28,048	

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		
Chris Cimino	11,850		11,850	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	700
8. Total disbursements to officers and employees:			11,850	14. Total Disbursements (Sum of Items 8-13)	12,550

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: St. Margaret's Health	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Gerald O'Brien Title Organization P.O. Box, Building and Room Number, if any Street 23 Summit Hieghts City North Oaks State Minnesota ZIP Code + 4 55127	15.d. Amount 15,420 15.e. Purpose Work on case.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 15,420		