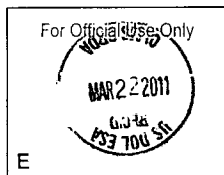


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

448422

|                              |   |
|------------------------------|---|
| 1. File Number C- <u>643</u> | 2. Period Covered<br>By This Report<br>From: <u>01</u> / <u>01</u> / <u>2010</u> Through: <u>12</u> / <u>31</u> / <u>2010</u> |
|------------------------------|---|

|   |  |
|---|--|
| <b>A. Person Filing</b>                                 |  |
| 3. Name and mailing address (include ZIP Code):         |  |
| Name <u>Chris</u> <u>Cimino</u>                         | 4. Any other address where records necessary to verify this report are kept: |
| Title <u>CACR Labor Education Services, Inc.</u>        | Name <u></u>   |
| Organization <u>CACR Labor Education Services, Inc.</u> | Title <u></u>  |
| P.O. Box, Building and Room Number, if any <u></u>      | Organization <u></u>   |
| Street <u>1141 West Washington Blvd</u>                 | P.O. Box, Building and Room Number, if any <u></u>                           |
| City <u>Chicago</u>                                     | Street <u></u>   |
| State <u>Illinois</u> ZIP Code + 4 <u>60607</u>         | City <u></u>   |
|   | State <u></u> ZIP Code + 4 <u></u>   |

### 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 <u>[Signature]</u> President<br>(if other title, see instructions)<br>Title <u>President</u> | 18. Signed <u></u> Treasurer<br>(If other title, see instructions)<br>Title <u>Treasurer</u> |
| On <u>03</u> / <u>09</u> / <u>2011</u> <u>312-433-0003</u><br>Date Telephone Number                     | On <u></u> / <u></u> / <u></u> <u></u><br>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  | Cobra Source, Inc. | P.O. Box, Building and Room Number, if any |                             |
| Trade Name  | Cobra Source, Inc. | Street                                     | 15 Commerce Drive, Ste 105  |
| Attention To  | John Blaida        | City                                       | Grayslake                   |
| Title   | CEO                | State                                      | Illinois ZIP Code + 4 60030 |

|                                |                    |
|--------------------------------|--------------------|
| 5.b. Termination Date 12/31/10 | 5.c. Amount 13,669 |
|--------------------------------|--------------------|

|   |
|---|
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 13,669 |
|---|

**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 |   |        |  |
| Gerry O'Brien                                     | 4,321      | 724          | 5,045      | 9. Office and Administrative Expenses       |        |  |
| Gerry O'Brien                                     | 3,960      | 1,445        | 5,405      | 10. Publicity                               |        |  |
|   |            | 0            | 0          | 11. Fees for Professional Services          |        |  |
|   |            |              |            | 12. Loans Made                              |        |  |
|   |            |              |            | 13. Other Disbursements                     |        |  |
| 8. Total disbursements to officers and employees: |            |              | 10,450     | 14. Total Disbursements (Sum of Items 8-13) | 10,450 |  |

**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:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  | 15.b. Trade Name, If any:<br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  |
| 15.c. To Whom Paid<br>Name <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div><br>Title <div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block;"></div><br>Organization <div style="border: 1px solid black; width: 300px; height: 20px; display: inline-block;"></div><br><br>P.O. Box, Building and Room Number, if any<br><div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block;"></div><br>Street <div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block;"></div><br>City <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div><br>State Washington ZIP Code + 4 <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> | 15.d. Amount <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div><br><br>15.e. Purpose<br><div style="border: 1px solid black; width: 400px; height: 150px; background-color: #f0f0f0;"></div> |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  |   |