

# 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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-

643

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01 / 01 / 2010

Through:

Month/Day/Year  
(mm/dd/yyyy)

01 / 05 / 2011

### A. Person Filing

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

Name

Chris

Cimino

Title

CACR Labor Education Services, Inc.

Organization

CACR Labor Education Services, 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

Title President

President  
(if other title, see  
instructions)

18. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

03 / 31 / 2011

Date

312-433-0003

Telephone Number

On

/ /

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:

P.O. Box, Building and Room Number, if any

Employer Premier Transportation

Trade Name Premier Transportation

Attention To Tim

Pilato

Title EVP

Street 323 Cash Memorial Blvd.

City Forest Park

State Georgia

ZIP Code + 4 30297

5.b. Termination Date 1/05/11

5.c. Amount 2,250

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2,250

**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	1,485	0	1,485	9. Office and Administrative Expenses	
		0	0	0	10. Publicity	
			0	0	11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				1,485	14. Total Disbursements (Sum of Items 8-13)	1,485

**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

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY