U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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 civit 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

137415	
1 . File Number C- 6-8-7	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) 04 / 23 / 2007 Through: 05 / 24 / 2007
A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Chris Cimino	Name
Title CEO	Title
Organization Chessboard Consulting, Inc.	Organization
P.O. Box, Building and Room Number, if any Street One South Dearborn, Suite 2100 City Chicago State Illinois ZIP Code + 4 60603	P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 07 / 01 / 2010 312-433-0003 Date Telephone Number	On Date Telephone Number

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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice of Services regardless of the purposes of the Advice of Services regardless of the purposes of the Advice of Services (and Advice of Services) 5.1. Name and Address of Employer (ackeding trade name. If any). Employer [LRI Consultring Services] Trade Name Attention 10 Philip [Wilson] Title State Oklahoma 2IP Code + 4 74013 5.5. Termination Date [\$/24/07] 5.6. Amount [45, 641] C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers lated in Part B. 7. Disbursements to Officers and Employees. (c) Salary (c) Expenses (d) Totals (c) Name (e) Salary (c) Expenses (d) Totals [1.	Name of Person Filing: Chris Cimino	File Number C-					
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 34 , 762							

Form LM-21 (2003) Page 2 of 2