

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)



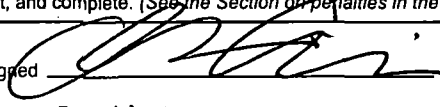
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 6043	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		05 / 01 / 2009		06 / 29 / 2009

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Chris Cimino Title President Organization CACR, INC. 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

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  President Title President (if other title, see instructions)	18. Signed _____ Treasurer Title Treasurer (If other title, see instructions)
On 04 / 01 / 2010 312-433-0003 Date Telephone Number	On / / _____ Date Telephone Number

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).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer Plumrose USA	
Trade Name	Street 2650 23rd Avenue
Attention To Charlie Lange	City Council Bluffs
Title Plant Manager	State Iowa ZIP Code + 4 51502-0436
5.b. Termination Date June, 29 2009	5.c. Amount 41,340
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 41,340	

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		
Ernie Zuniga	16,800	3,178	19,978	9. Office and Administrative Expenses	
Ernie Zuniga	5,250	1,622	6,872	10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			26,850	14. Total Disbursements (Sum of Items 8-13)	26,850

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	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		