Receipts and Disbursements Report

U.S. Department of Labor



Required of Persons, Including Labor Relations Office of Labor-Management Standards Form approved - OMB Consultants and Other Individuals and Organizations, No. 1215-0188 Washington, D.C. 20210 Under Section 203(b) of the Labor-Management Expires 11-30-99 (Feb. 1990) Reporting and Disclosure Act of 1959, As Amended (LMRDA) A.- PERSON FILING 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY 1. NAME AND ADDRESS (include ZIP code) MATTHEW PEROVIC TO VERIFY THIS REPORT ARE KEPT: 10911 KILPATRICK 4. PERIOD OAK LAWN, IL 60453 3. FILE NO. Year Month Day COVERED C-2000 BY THIS From: 2000 REPORT To: Report all receipts from employers in connection with labor relations advice or services regardless of the B.-STATEMENT OF RECEIPTS. purposes of the advice or services. 6. TERMINATION DATE 5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) HEALTH CARE PROFESSIONAUS
331 FULTON STREET, SUITE 300 TOTAL 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.. 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES: 9. Office and Administrative (c) Expenses (d) Totals (b) Salary (a) Name Expenses PERDUIC 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) Total Disbusements to officers and employees: D .- SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. 18. PURPOSE 15. EMPLOYER 16. TO WHOM PAID TOTAL IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS E. VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him an knowledge and belief, true, correct, and complete. is, to the best , TREASURER SIGNED:

on: 2-30-01 (If other title, cross out

Date

and write in correct title above.)

State

Date

at OAK LAWN YE

State

City

(If other title, cross out

and write in correct title above.)