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 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

E 442 42 3			
1 . File Number C- 6-3	2. Period Covered By This Report From: 01/01/01/2010 Through: 12/31/2010		
	From: 01 / 01 / 2010 Through: 12 / 31 / 2010		
A. Person Filing			
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 CACR Labor Education Services, Inc.	Title		
Organization CACR Labor Education Services, Inc.	Organization		
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any		
Street 1141 West Washington Blvd	Street		
City Chicago	City		
State Illinois ZIP Code + 4 60607	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 relatives in the instructions).			
17. Signe President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)		
On 03 / 09 / 2011 312-433-0003 Date Telephone Number	On Date Telephone Number		

	Name of Person Filing: Chris Cimino	File Number C-		
A Name and Address of Employer (including trade name, if any). Employer Cobra Sources - Tho Street Province - The Street Province -				
Employer Cobra Source; 160 Trade Name Cobra Source; 160 Attention To John State 151 Commarce Districts 219 Code + 4 60030 Title CDD Statement of Disbursements Command State 1111058 Total RECEIPTS FROM ALL EMPLOYERS 13,669 C. Statement of Disbursements To the employers Islad in Part B. 7. Disbursements to Officers and Employees (a) Expenses (d) Totals Gerry 10 (3) Statem 3 (3) 323 (5) (4) 45 (5) 405 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
Tack Name	5.a. Name and Address of Employer (including trade name, if any).			
Attention To 20 m	Employer Cobra Source, Inc.			
State III III 11 11 11 11 11 11 11 11 11 11 1	Trade Name Cobra Source, Inc.	Street 15 Commerce Drive, Ste 105		
5.b. Termination Date 12/31/10 5.c. Amount 13/669 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 13, 669 7. Disbursements to Officers and Employees: (a) Salary (c) Expenses (d) Totals Gerry	Attention To John Blaida	City Grayslake		
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 (c) Expenses (d) Totals (d) Name (b) Salary (c) Expenses (d) Totals (d) Salary (d) Expenses (d) Totals (e) Expenses (f) Totals (f) Expenses (f) Expenses (f) Totals (f) Expenses (f) Expe	Title CEO	State Illinois ZIP Code + 4 60030		
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A) Name	to the employers listed in Part B.			
Serry		otals		
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 16.c. To Whom Paid	Gerry	5 , 045 9. Office and Administrative Expenses		
12. Loans Made 13. Other Disbursements (Sum of Items 8-13) 10,450	Gerry	5 , 4 0 5 10. Publicity		
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Organization P.O. Box, Building and Room Number, if any Street City State Washington: ZIP Code + 4	Title			
P.O. Box, Building and Room Number, if any Street City State Washington: ZIP Code + 4	Organization			
Street City State Washington: ZIP Code + 4	Significance: San			
Street City State Washington: ZIP Code + 4	P.O. Box, Building and Room Number, if any			
City State Washington ZIP Code + 4	1.0. Box, Ballang and Nashin Valley			
City State Washington ZIP Code + 4	Street			
State Washington ZIP Code + 4				
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Form LM-21 (2003)