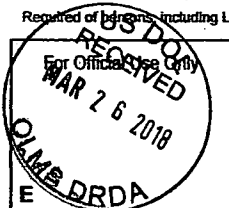


# RECEIPTS AND DISBURSEMENTS REPORT

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

667810

1. File Number C- 688	2. Period Covered By This Report From: 1/1/2017 Through: 12/31/2017
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name: BRUCE P. CRAWFORD	4. Any other address where records necessary to verify this report are kept:
Title: CONSULTANT	Name:
Organization:	Title:
P.O. Box, Building and Room Number, if any:	P.O. Box, Building and Room Number, if any:
Street: 10567 BIRCH LAKE	Street:
City: JASPER	City:
State: GA ZIP Code + 4: 30145	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: [Signature] Title: President OWNER On: 3/15/2017 Date: 3/15/2017 Telephone Number: 770.344.9799	18. Signed: _____ Title: Treasurer On: 1/1/_____ Date: 1/1/_____ Telephone Number: _____
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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:

Employer CACR EDUCATION SERVICES

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

SUITE 235

Trade Name

Street

1141 WASHINGTON BLVD.

Attention To

CHOLS

C. MINO

City

CHICAGO

Title

PRESIDENT

State

IL

ZIP Code + 4

60607

5.b. Termination Date

9-15-2011

5.c. Amount

9398.03

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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

BRUCE F CRAWFORD	6875	2513.03	9398.03	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			9398.03	14. Total Disbursements (Sum of Items 8-13)	

**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