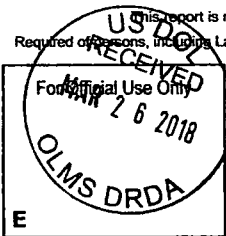


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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

667804

1. File Number C- <u>688</u>	2. Period Covered By This Report From: <u>7/1/2017</u> Through: <u>12/31/2017</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>BROGIE F CRANFORD</u> Title <u>CONSULTANT</u> Organization _____ P.O. Box, Building and Room Number, if any <u>10567 BILBOANDER</u> Street <u>667 RIDGEVIEW DRIVE</u> City <u>JASPER</u> State <u>GEORGIA</u> ZIP Code + 4 <u>30148</u>	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 <u>[Signature]</u> Title <u>President</u> On <u>3/15/2018</u> Date <u>770.344.9799</u> Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number
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Name of Person Filing:	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 CACR EDUCATION SERVICES SUITE 235

Trade Name _____ Street 1141 WASHINGTON BLVD

Attention To CHRIS CIM JNO City CHICAGO

Title PRESIDENT State IL ZIP Code + 4 60607

5.b. Termination Date 10/15/17 5.c. Amount _____

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	
<u>BRUCE F. CRANFORD</u>	<u>8,677.50</u>	<u>5800.35</u>	<u>14,477.85</u>	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: <u>14,477.85</u>				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.

<p>15.a. Employer Name:</p> <p>15.c. To Whom Paid</p> <p>Name _____</p> <p>Title _____</p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State <u>Washington</u> ZIP Code + 4 _____</p>	<p>15.b. Trade Name, if any: _____</p> <p>15.d. Amount _____</p> <p>15.e. Purpose _____</p>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	