Standards Washington, DC 20210

RECEIPTS AND DISBURSEMENTS REPORT

and Budget No. 1245-0003 Expires: 03-31-2019

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Reputed of bargans 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

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1. File Number C- 688	2. Period Covered By This Report From: // / /20/1 Through: Month/Day/Year (mm/dd/yyyy)
A. Person Filing	The first transfer to the first transfer transfer to the first transfer transfer to the first transfer transf
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name BRUCE F CRAWFORD	Name
Title CONSUCTANT	Title
Organization	Organization
P.O. Box, Building and Room Number, if any 10567 B16 VANOE Street: 667 R106EVIEW DILVE City JASHUR State: 6 A ZIP Code + 4 30148	P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ies of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed Treasurer Title Treasurer (If other title, see instructions)
on 3/15/2017 770,344,9799	On /
Date Telephone Number	Date Telephone Number

Name of Person Filing: BRUCF + CRAWFORD		File Number C-		
B. Statement of Receipts Report all receipts from employers in connection with or services.	th labor relatio	ns advice or services regardless of the purpos	es of the advice	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:		
Employer CACR EDUCATION SERVICES	P.O. Box, I	P.O. Box, Building and Room Number, if any SUITE 235 Street 1141 WASHINGTON BLVD-		
Trade Name	Street	1141 WASHINGTON BLUD		
Attention To CHOIS CIONINO		City CHICAGO		
Title PROSIDENT	State	TL ZIP Code	4 60607	
5.b. Termination Date 9-15-1011	5.c. Amour	1 9398.03		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)		ration in connection with labor relations advice	or services rendered	
BRULE PORANFORD 68TS 25 B.O.	·	9. Office and Administrative Expenses	garangan ayan ayan ayan Sana ayan ayan ayan ay	
Nicological Cological Colo	1370163	10. Publicity	fragering man skill kilometer a graden i 1942 Statel 1970 - San	
AND THE REPORT OF THE PROPERTY		11. Fees for Professional Services	La como de los personas de como en la como e	
The second secon		12. Loans Made	Trans Comment to No. 10 (1991)	
and the second s		13. Other Disbursements	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
9. Total fish manager to different and applications	398,03	14. Total Disbursements (Sum of Items 8-13)	<u>ئىلانىكى ئەسىدىكى دەرى سازىلىلىلىلىلىلىلىلىلىلىلىلىلىلىلىلىلىلىل</u>	
8. Total disbursements to officers and employees:	518203	14. Total Disbutisements (Guill of Itelia G 10)		
D. Schedule of Disbursements for Reportable Activity Use this Schedinstructions.		nly disbursements made for the purposes des	cribed in Part D of the	
15.a. Employer Name:	15.b. Trad	e Name, If any:	÷• •	
A company of the second		Commence of the Commence of th		
15.c. To Whom Paid	15.d. Amo	unt () approximately appropriate the properties to the properties		
Name	15.e. Purp	ose		
Title No. 10 and	-			
Organization				
P.O. Box, Building and Room Number, if any				
Street				
City :				
State Washington ZIP Code + 4		والمستقدات والمعارض والمعارض والمناشر والمستقد والمستقد والمستقد والمستقدان والمستقد والمستقد والمستقد والمستقد	and the second s	

Form LM-21 (2003)

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY