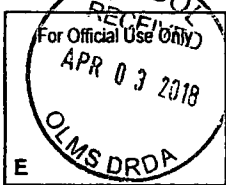


FORM LM-21

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

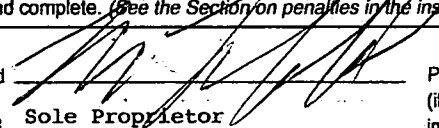
673461

1. File Number C- 00688	2. Period Covered By This Report From: 01/01/2017 Through: 12/31/2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Bruce Crawford	4. Any other address where records necessary to verify this report are kept:
Title Owner	Name
Organization	Title
P.O. Box, Building and Room Number, if any	Organization
Street 10567 Big Canoe	P.O. Box, Building and Room Number, if any
City Jasper	Street
State Georgia ZIP Code + 4 30143	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  Title Sole Proprietor	President (if other title, see instructions)	18. Signed _____ Title _____	Treasurer (If other title, see instructions)
On 3/22/18 Date	770.344.9797 Telephone Number	On 1/1 Date	_____ Telephone Number

