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. 1245-0003
Expires: 07-31-2019

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required of persons and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

(73461

E RS DROP	9
1 . File Number C-00688	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) U1 / U1 / 2017 Through: Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2017
A. Person Filing	
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Bruce Crawford	Name
Title Owner	Title
Organization	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 10567 Big Canoe	Street
City Jasper	City
State Georgia ZIP Code + 4 30143	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 by 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 (If other title, see instructions)
On 3/22/18 770,344,9799 Telephone Number	On / / Telephone Number

Name of Person Filing: Bluce Crawford						File Number C- 00 688			
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 Fuyao Glass Co thru LRI Consulting Services									
Trade Name	Trade Name Street 7850 S Elm Place								
Attention To	Phil	Wilson		City B	Broken Arrow				
Title	President State Oklahoma ZIP Code + 4 74011								
5.b. Termination Date 12/31/17 5.c. Amount 14629									
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,629									
· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
C Statement of I	Dishursements Ren	ort all dishursements	made by the	reporting organiz	zation in connection	n with labor relations advice	or services rendered		
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:	(b) Salary	(c) Expenses	(d) Totals					
(a) Name	1	(b) Galary		(d) Totals	9. Office and A	dministrative Expenses	· ·		
			10. Publicity	Tommoudate Experiees					
		 		11. Fees for Professional Services					
<u> </u>			 	1		ade			
			13. Other l			rsements			
8. Total disbursements to officers and employees:				14. Total Disburs	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 N	ame:		-	15.b. 1rao	le Name, If any:				
15.c. To Whom Paid				15.d. Amoi	15.d. Amount				
Name				15.e. Purpo	15.e. Purpose				
Title									
Organization		. (.							
P.O. Box, Building and Room Number, if any									
Street									
City									
State									
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									