

# 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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 00272

326 445

2. Period Covered  
By This Report

Month/Day/Year  
(mm/dd/yyyy)

From: 01 / 01 / 2006

Through:

Month/Day/Year  
(mm/dd/yyyy)

12 / 31 / 2006

### A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Harold D Craft

Title Chairman/President

Organization CBC Consulting, Ltd.

P.O. Box, Building and Room Number, if any  
Suite #101

Street 5900 Lorac Drive

City Clarkston

State Michigan

ZIP Code + 4 48346

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

Title President

President  
(if other title, see  
instructions)

18. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

4 / 30 / 07  
Date

248-922-0141

Telephone Number

On

4 / 30 / 07  
Date

248-922-0141

Telephone Number

Name of Person Filing: Harold Craft	File Number C- 00272
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<b>B. Statement of Receipts</b> 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).  Employer Garelick Farms  Trade Name Dean Foods, Inc  Attention To Tom Davis  Title	Mailing Address: P.O. Box, Building and Room Number, if any  Street 1199 W. Central Street  City Franklin  State Massachusetts ZIP Code + 4 02038
5.b. Termination Date 5/5/06	5.c. Amount 189,000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 258,106	

<b>C. Statement of Disbursements</b> 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		
Philip W Craft	70,124	98,913	169,037	9. Office and Administrative Expenses	5,552
Jorge Martinez	65,281	50,888	116,169	10. Publicity	
Dennis Chaivre	3,640	2,529	6,169	11. Fees for Professional Services	
Greg Eerbeek	18,480	20,319	38,799	12. Loans Made	
Dave Rogers	7,000	6,137	13,137	13. Other Disbursements	
8. Total disbursements to officers and employees:			405,446	14. Total Disbursements (Sum of Items 8-13)	410,998

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name:   15.c. To Whom Paid Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State Washington ZIP Code + 4	15.b. Trade Name, If any:   15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

#### 7. Disbursements to Officers and Employers:

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Name of Person Filing: Harold Craft	File Number C- 00272
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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 Melody Farms		P.O. Box, Bldg., Room No., if any	
Trade Name Dean Foods, Inc		Street 1000 Maple Street	
Attention To: Terri	Moore	City Detroit	
Title		State Michigan	ZIP Code + 4 48207
5.b. Termination Date 5/18/06		5.c. Amount 31,000	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Country Fresh Dairy LLC		P.O. Box, Bldg., Room No., if any	
Trade Name Dean Foods, Inc.		Street 325 Airport Road	
Attention To: Neil	Finerty	City Traverse City	
Title		State Michigan	ZIP Code + 4 49686
5.b. Termination Date 7/21/06		5.c. Amount 14,800	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Dean Transportation Inc		P.O. Box, Bldg., Room No., if any	
Trade Name Dean Foods, Inc.		Street 3600 North River Road	
Attention To: Neil	Finerty	City Franklin Park	
Title		State Illinois	ZIP Code + 4 30161
5.b. Termination Date 12/6/06		5.c. Amount 23,306	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	