

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

lm-21 ☐ W ☒ X ☐ QA

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

617773

1. File Number C- 00272	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		1 / 1 / 2015		12 / 31 / 2015

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Philip Craft	Name Debbie O'Kelley
Title President	Title Administrative Assistant
Organization CBC Consulting, LTD	Organization CBC Consulting, LTD
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 3001 W. Big Beaver Road	Street 17235 Lechlade Lane
City Troy	City Dallas
State ZIP Code + 4	State Texas ZIP Code + 4 75252

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	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title President		Title	
On 3 / 31 / 2016	248-760-4558	On 3 / 31 / 2016	248-922-0141
Date	Telephone Number	Date	Telephone Number

Sign/Print

Submit to OLMS

Code Tester

Reset

Spawn List

Name of Person Filing: Philip W. 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). Employer Garellick Farms Trade Name Dean Foods Attention To Shane Keith Title VP of Labor Relations	Mailing Address: P.O. Box, Building and Room Number, if any Street 504 3rd Ave Ext City Rensselaer State New York ZIP Code + 4 12144
5.b. Termination Date December 19, 2014	5.c. Amount \$206,251
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		
Philip Craft	129250	56746	185,996	9. Office and Administrative Expenses	31324
Liz Casale	86700	46001	132,701	10. Publicity	
Jazzie Garcia	60937	53527	114,464	11. Fees for Professional Services	
Jordan Timmerman	32395	19437	51,832	12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				1484,993	14. Total Disbursements (Sum of Items 8-13) 516,317

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

Additional Employer Addresses

5.a. Name and Address of Employer

Employer Jilbert Dairy
Trade Name Dean Foods
Attention To Shane Keith
Title VP of Labor Relations
Street 200 Meeske Avenue
City Marquette
State MI 49855

5.b. Termination Date August 7, 2015

5.c. 99,644