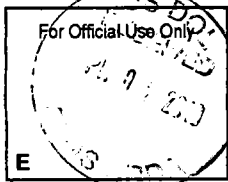


FORM LM-21

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)



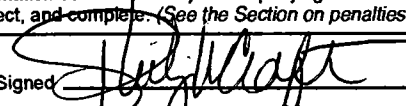
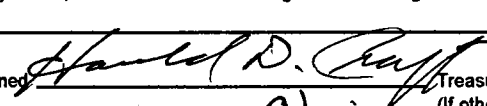
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

701498

1. File Number C- 00272	2. Period Covered By This Report From: 1/1/2018 Through: 12/31/2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Philip <input type="checkbox"/> Craft	Name Debbie <input type="checkbox"/> O'Kelley
Title President	Title Administrative Assistant
Organization CBC Consulting, LTD	Organization CBC Consulting, LTD
P.O. Box, Building and Room Number, if any	
Street 3001 West Big Beaver Road	Street 17235 Lechlade Lane
City Troy	City Dallas
State Michigan <input checked="" type="checkbox"/> ZIP Code + 4 48048-3105	State Texas <input checked="" type="checkbox"/> 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  Title President President (if other title, see instructions)	18. Signed  Title Other (Specify) Chairman Treasurer (if other title, see instructions)
On 3/30/2019 248-922-0141 Date Telephone Number	On 3/30/2019 248-922-0141 Date Telephone Number

Name of Person Filing: <u>Philip Craft</u>	File Number C- <u>00272</u>
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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 Treehouse Foods P.O. Box, Building and Room Number, if any

Trade Name Street 1450 Pate Plaza Dr

Attention To Dan ☐ Dring City South Beloit

Title VP of HR State Illinois ZIP Code + 4 61080

5.b. Termination Date April 4, 2018 5.c. Amount \$157,938

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	68280	34140	102420	9. Office and Administrative Expenses	32,737
Liz Casale	40700	15976	56676	10. Publicity	0
Jazzie Garcia	25000	21659	46659	11. Fees for Professional Services	0
Jordan Timmerman	20572	20519	41091	12. Loans Made	0
Christian Saengdara	5170	2743	7913	13. Other Disbursements	0
8. Total disbursements to officers and employees: <u>254759</u>				14. Total Disbursements (Sum of Items 8-13)	<u>287496</u>

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