

# 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

393803

1. File Number C- <u>00272</u>	2. Period Covered By This Report From: <u>1</u> / <u>1</u> / <u>2008</u> Through: <u>12</u> / <u>31</u> / <u>2008</u>
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### 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  
  
Street 815 Walkwood Circle  
City Houston  
State Texas ZIP Code + 4 77079

#### 4. Any other address where records necessary to verify this report are kept:

Name Debbie O'Kelley  
Title Office Administrator  
Organization CBC Consulting, LTD  
P.O. Box, Building and Room Number, if any  
  
Street 17240 Lechlade Lane  
City Dallas  
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 <u>Harold D Craft</u> Title <u>President</u> On <u>3</u> / <u>26</u> / <u>2009</u> <u>248-922-0141</u> Date Telephone Number	18. Signed <u>Harold D Craft</u> Title <u>Treasurer</u> On <u>3</u> / <u>26</u> / <u>2009</u> <u>248-922-0141</u> Date Telephone Number
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Name of Person Filing: <u>Harold D. 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 <u>Alta Dena Dairy</u>		P.O. Box, Building and Room Number, if any	
Trade Name <u>Dean Foods</u>		Street <u>17637 East Valley Blvd</u>	
Attention To <u>Neil</u> <input type="checkbox"/> <u>Finerty</u>		City <u>City of Industry</u>	
Title <u>Vice President of Labor Relations</u>		State <u>California</u> <input type="checkbox"/> ZIP Code + 4 <u>91744</u>	

5.b. Termination Date <u>7/3/08</u>	5.c. Amount <u>\$5,650.00</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>85,650</u>
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**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		
<u>Philip</u> <input checked="" type="checkbox"/> <u>W Craft</u>	<u>100,450</u>	<u>102,159</u>	<u>202,609</u>	9. Office and Administrative Expenses	<u>7,550</u>
<u>George</u> <input type="checkbox"/> <u>Martinez</u>	<u>61,106</u>	<u>42,537</u>	<u>103,643</u>	10. Publicity	
<u>Maxile</u> <input type="checkbox"/> <u>Adelmann</u>	<u>37,250</u>	<u>14,484</u>	<u>51,734</u>	11. Fees for Professional Services	
<u>Dave</u> <input type="checkbox"/> <u>Rogers</u>	<u>11,780</u>	<u>11,628</u>	<u>23,408</u>	12. Loans Made	
<u>Dennis</u> <input type="checkbox"/> <u>Chaivre</u>	<u>15,390</u>	<u>15,918</u>	<u>31,308</u>	13. Other Disbursements	
8. Total disbursements to officers and employees: <u>535,568</u>				14. Total Disbursements (Sum of Items 8-13) <u>543,118</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:
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
15.c. To Whom Paid	15.d. Amount <div style="border: 1px solid black; width: 100px;"></div>
Name <div style="border: 1px solid black; width: 100px;"></div> <input type="checkbox"/> <div style="border: 1px solid black; width: 100px;"></div>	15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>
Title <div style="border: 1px solid black; width: 150px;"></div>	
Organization <div style="border: 1px solid black; width: 250px;"></div>	
P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 200px;"></div>	
Street <div style="border: 1px solid black; width: 200px;"></div>	
City <div style="border: 1px solid black; width: 150px;"></div>	
State <u>Virginia</u> <input type="checkbox"/> ZIP Code + 4 <div style="border: 1px solid black; width: 80px;"></div>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
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**Name of Person Filing:** Harold D. Craft

**File Number** c-00272

**C. Statement of Disbursement:**

**7. Disbursement of Officers and Employers:**

(a)	Name	Salary	Expenses	(d) Totals
	James Belter	22,420	22,950	45,370
	Lizabeth Casale	24,353	21,328	45,735
	Michele Bernier	6,840	1,354	8,194
	Sue Maniscalchi	19,066	1,708	20,774
	Jeanie Hyde	2,201	592	2,793