U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009



This report is mandatory under P.L. 88-257, 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00272 340465					
Donos Pilio					
Person Filing 2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:				
Name Harold D Craft	Name Sue L Maniscalchi				
Title Chairman/President	Title Office Administrator				
Organization CBC Consulting, Ltd.	Organization CBC Consulting, Ltd.				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any				
Street 5900 Lorac Drive, Suite 101	Street 6770 Langle Drive				
City Clarkston	City Clarkston				
State Michigan ZIP Code + 4 48346	State Michigan ZIP Code + 4 48346				
Date fiscal year ends: 5. Type of person:	***************************************				
Dec / 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):				
Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 4 /30 / 2007				
Name Neil Finerty					
Organization Dean Foods, Inc.	8. Name of person(s) through whom made:				
Trade Name, if any Dean Foods, Inc.	Name Neil Finerty				
P.O. Box, Bldg., Room No., if any	Name				
Street 41 W. 148 Krurtzer Road	Name				
City Huntley	Name				
State Illinois ZIP Code + 4 60142	Name				
Signatures					
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President President President President	14. Signed Secretary and is, to the best of the undersigned's knowledge and belief. Treasurer (If other title, see instructions)				
On	Title Treasurer On				
Date Telephone Number	Date Telephone Number				

 1.1					
 Harold Craft	CBC Consulting,	Ltd.	File Number C-	00272	

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or incirectly:	,
a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.	
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.	ing.
10. Terms and conditions (Explain in detail: see instructions. Written agreements must be attached.):	

Specific Activities to be Performed

For services rendered during the union campaign. To answer questions of management and employees concerning the law so as not to violate the employee's rights or the rights of the union. Included would be group meetings with employees. \$ 40,500 to be paid by check.

11. For each activity, separately list in detail the information required (See instr	uctions):				
a. Nature of activity:					
Group meetings with employees.					
11.b. Period during which performed:	11.c. Extent performed:				
04-2007 - 05-2007	Complete				
11.d. Name and address through whom performed:	Additional Name an: address through whom performed, if any:				
Name	Name				
Organization CBC Consulting, Ltd.	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 5900 Lorac Drive, Suite 101	Street				
City Clarkston	City				
State Michigan ZIP Code + 4 48346	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Dairy distribution drivers	Local 754				