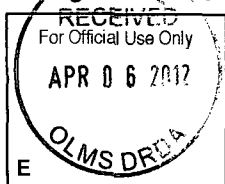


FORM LM-21

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

494265

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 / 2011		12 / 31 / 2011

A. Person Filing

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

Name Philip Craft
Title President
Organization CBC Consulting, LTD
P.O. Box, Building and Room Number, if any
Street 3001 W. Big Beaver Road
City Troy
State Michigan ZIP Code + 4 48084-3105

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

Name Debbie O'Kelley
Title Administrative Assistant
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 President
Title (if other title, see instructions)

18. Signed Treasurer
Title Other (Specify) (If other title, see instructions)

On 3 / 28 / 2011 248-760-4558
Date Telephone Number

On 3 / 28 / 2011 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):
 Employer Valley City Linen
 Trade Name ~~Valley City Linen~~ Valley City Linen
 Attention To Greg Jeltema
 Title President

Mailing Address:
 P.O. Box, Building and Room Number, if any
 Street 10 Diamond Ave., SE
 City Grand Rapids
 State Michigan ☒ ZIP Code + 4 49506

5.b. Termination Date 5/12/2011 5.c. Amount 54,400

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 266,250

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	91,750	45,840	<u>137,590</u>	9. Office and Administrative Expenses <u>7,820</u>
Jorge Martinez	23,176	20,062	<u>43,238</u>	10. Publicity
Maxile Adelman	27,233	15,977	<u>43,210</u>	11. Fees for Professional Services
Liz Casale	48,300	32,308	<u>80,608</u>	12. Loans Made
Jose Agraz	39,000	5,584	<u>44,584</u>	13. Other Disbursements
8. Total disbursements to officers and employees: <u>523,826</u>				14. Total Disbursements (Sum of Items 8-13) <u>531,646</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 Title Organization P.O. Box, Building and Room Number, if any Street City State <input checked="" type="checkbox"/> ZIP Code + 4	15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Additional Employer Addresses

5.a. Name and Address of Employer

Employer Dairy Fresh
Trade Name Dean Foods
Attention To Shane Keith
Title VP, Labor Relations
Street 2711 Haskell Ave, Suite 3400
City Dallas
State TX 75204

5.b. Termination Date 06/09/2011

5.c. 64,400

5.a. Name and Address of Employer

Employer Oak Farms Dairy
Trade Name Dean Foods
Attention To Shane Keith
Title VP, Labor Relations
Street 2711 Haskell Ave, Suite 3400
City Dallas
State TX 75204

5.b. Termination Date 12/8/2011

5.c. 122,550

5.a. Name and Address of Employer

Employer America's Best Contacts and Eyeglasses
Trade Name National Vision
Attention To Tanya Travers
Title Asst. General Counsel
Street 296 Grayson Highway
City Lawrenceville
State GA 30047

5.b. Termination Date 11/4/2011

5.c. 24,900

Name of Person Filing; Philip Craft

File Number c-00272

C. Statement of Distribution

7. Disbursement to Officers and Employees:

(a)	Name	Salary	Expenses	(d) Totals
	Action Resources	125,400	17,332	142,732
	Dennis Chaivre	9,000	5,524	14,524
	Dave Rogers	8,800	8,540	17,340