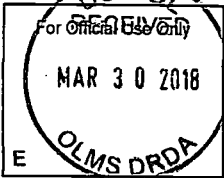


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 03-31-2019

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

671565

1. File Number C- <input type="text" value="00272"/>	2. Period Covered By This Report: From: <input type="text" value="1"/> / <input type="text" value="1"/> /2017 Through: <input type="text" value="12"/> / <input type="text" value="31"/> /2017
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Philip"/> <input type="text" value="Craft"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="President"/>	Name <input type="text" value="Debbie"/> <input type="text" value="O'Kelley"/>
Organization <input type="text" value="CBC Consulting, LTD"/>	Title <input type="text" value="Administrative Assistant"/>
P.O. Box, Building and Room Number, if any	Organization <input type="text" value="CBC Consulting, LTD"/>
Street <input type="text" value="3001 West Big Beaver Road"/>	P.O. Box, Building and Room Number, if any
City <input type="text" value="Troy"/>	Street <input type="text" value="17235 Lechlade Lane"/>
State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48048-3105"/>	City <input type="text" value="Dallas"/>
	State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="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)
Title <input type="text" value="President"/>	
On <input type="text" value="3"/> / <input type="text" value="30"/> /2018 <input type="text" value="248-922-0141"/>	18. Signed
Date Telephone Number	Treasurer (If other title, see instructions)
	Title <input type="text" value="Chairman"/>
	On <input type="text" value="3"/> / <input type="text" value="30"/> /2018 <input type="text" value="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:  
P.O. Box, Building and Room Number, if any

Employer Lamb Weston, Inc Street 77 Highway 609

Trade Name \_\_\_\_\_ City Delhi

Attention To Dan ☐ Downard State Louisiana ZIP Code + 4 71232-6570

Title Senior Director, Human Resources

5.b. Termination Date June 2, 2017 5.c. Amount \$110,392.

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 490,835

**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 <input type="checkbox"/> Craft	103838	56846	160684	9. Office and Administrative Expenses	33017
Liz <input type="checkbox"/> Casale	69706	33928	103634	10. Publicity	0
Jazzie <input type="checkbox"/> Garcia	47499	40086	87585	11. Fees for Professional Services	0
Jordan <input type="checkbox"/> Timmerman	38645	39581	78226	12. Loans Made	0
Christian <input type="checkbox"/> Saengdara	26750	17252	44002	13. Other Disbursements	0
8. Total disbursements to officers and employees: <u>474,131</u>				14. Total Disbursements (Sum of Items 8-13)	<u>507148</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	

## Additional Employer Addresses

### 5.a. Name and Address of Employer

Employer     Lamb Weston, Inc  
Trade Name  
Attention To   Dan Downard  
Title           Senior Director, Labor Relations  
Street          856 Russet Street  
City            Twin Falls  
State           ID 83301

5.b.     Termination Date     July 15, 2017

5.c.     214,564

Employer     Lamb Weston, Inc  
Trade Name  
Attention To   Dan Downard  
Title           Senior Director, Labor Relations  
Street          856 Russet Street  
City            Twin Falls  
State           ID 83301

5.b.     Termination Date     March 3, 2017

5.c.     165,879