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

# FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

(mm/dd/yyyy)

12 / 31 / 2016

Finis 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.

Persons linduding 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)



1 . File Number C- 00272

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

By This Report From:

644655 Month/Day/Year (mm/dd/yyyy) Month/Day/Year

Through:

/ 2016

A. Person Filing				
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:			
Name Philip Craft	Name Debbie O'Kelley			
Title President	Title Administrative Assistant			
Organization CBC Consulting, LTD	Organization CBC Consulting, LTD			
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any			
Street 3001 W. Big Beaver Road	Street 17235 Lechlade Lane			
City Troy	City Dallas			
State Michigan ZIP Code + 4 48048-3105	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. Si	gned President	ioft	President (if other title, see instructions)	18. Signed Willed Title Other (Spe	Treasurer (If other title, see instructions)			
On	3 / 30 / 2017 Date	Z48-922-0141 Telephone Number		On 3 / 30 / 2017 Date	7 Telephone Number			

	O(1)	4							
Name of Person Fi	iling:	V. Cra	71			File Number C-	272		
	<u>,                                    </u>					<del></del>			
B. Statement of F	Receipts Report all receipts fro or services.	om employers in	connection with	labor rela	ations advice or ser	vices regardless of the purpos	ses of the advice		
5.a. Name and Addr	ress of Employer (including trade	name, if any).		P () Rc	Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Ma	ayfield Dairy			F.O. DC	x, ballaing and Noc	ili Nulliber, il any			
				Street	Street 806 E. Madison Ave				
Attention To	Shane I	Keith		City	Athens				
Title	Vice President of I	abor Relati	ions	State	Tennessee	ZIP Code	+ 4 37303-3858		
5.b. Termination	Date 5/13/16			5.c. Am	ount 108,978				
6. TOTAL RECEIF	PTS FROM ALL EMPLOYERS	5 2	431 =	3/4					
			<del>/                                    </del>	co j		· · · · · · · · · · · · · · · · · · ·			
7. Disbursements to (a) Name		oloyers listed in P			anization in connect	ion with labor relations advice	or services rendered		
Philip	Craft	122457	54194	1760	9. Office and	Administrative Expenses	28400		
Liz	Casale	66550	26586	93/3	10. Publicity	- <del></del>			
Jazzie	Garcia	46367	37855	842	11. Fees for F	Professional Services			
Jordan	Timmerman	37499	19035	56 5	34 12. Loans Ma	de			
Hatsady	Saengdara	14750	3984	18.73	13. Other Dis	bursements	,		
8. Total disburser	ments to officers and employee	es:	142	92	フィー 14. Total Disbu	rsements (Sum of Items 8-13)	457,677		
				,	<del></del>		<del></del>		
D. Schedule of D	Disbursements for Reportab		Use this Scheduinstructions.	le to repo	rt only disbursemer	nts made for the purposes des	scribed in Part D of the		
15.a. Employer Name:			15.b. T	15.b. Trade Name, If any:					
15.c. To Whom P	'aid			15.d. A	mount				
Name				15.e. F	15.e. Purpose				
Title					- •				
Organization									
P.O. Box, Buil	ding and Room Number, if an	ıy							

State Washington

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

ZIP Code + 4

Street City

# Additional Employer Addresses

## 5.a. Name and Address of Employer

**Employer** Oak Farms Dairy

Trade Name Dean Foods Attention To Shane Keith

Title VP o

VP of Labor Relations 3417 Leeland Street

Street 3417

City Houston

State TX 77003-5411

5.b. Termination Date 5/13/16 5.c. 203,234.31

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

Employer Protenergy

Trade Name Treehouse Foods

Attention To Dan Dring

Title VP of Labor and Employee Relations

Street 904 Woods Road

City Cambridge State MD 21613

5.b. Termination Date 8/4/16 5.c. 119,151.60