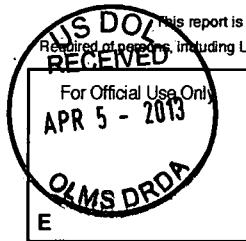


FORM LM-21

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

525658

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 / 2012		12 / 31 / 2012

A. Person Filing	
3. 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 48084-3105	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. Signed	President (if other title, see instructions)	18. Signed	Treasurer (if other title, see instructions)
Title President		Title Other (Specify)	
On 3 / 28 / 2013	248-760-4558	On 3 / 28 / 2013	248-922-0141
Date	Telephone Number	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:

Employer Mayfield Dairy P.O. Box, Building and Room Number, if any

Trade Name Dean Foods Street 2711 Haskill Ave., Suite 3400

Attention To Shane Keith City Dallas

Title VP of Labor Relations State Texas ☒ ZIP Code + 4 75204

5.b. Termination Date 06/08/12 5.c. Amount \$117,400

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 736,449

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 Craft</u>	<u>106250</u>	<u>58506</u>	<u>164756</u>	9. Office and Administrative Expenses <u>9990</u>
<u>Jazzie Garcia</u>	<u>26225</u>	<u>18840</u>	<u>45065</u>	10. Publicity
<u>Maxile Adelman</u>	<u>13000</u>	<u>9946</u>	<u>22946</u>	11. Fees for Professional Services
<u>Liz Casale</u>	<u>76050</u>	<u>26978</u>	<u>103028</u>	12. Loans Made
<u>Jose Agraz</u>	<u>4550</u>	<u>1305</u>	<u>5855</u>	13. Other Disbursements
8. Total disbursements to officers and employees: <u>657,807</u>				14. Total Disbursements (Sum of Items 8-13) <u>667,797</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	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State <input checked="" type="checkbox"/> ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Additional Employer Addresses

5.a. Name and Address of Employer

Employer Vinlux Fine Wine Transport LLC
Trade Name
Attention To Steve Loe
Title General Manager
Street 80 Technology Court
City Napa
State CA 94558

5.b. Termination Date 08/13/2012

5.c. 33,800

5.a. Name and Address of Employer

Employer Nestle Dreyer's Grand Ice Cream
Trade Name
Attention To Angela Green
Title VP of Human Resources
Street 800 North Brand Blvd
City Glendale
State CA 91203

5.b. Termination Date 1/4/2012

5.c. 270,616

5.a. Name and Address of Employer

Employer Nestle USA
Trade Name
Attention To Angela Green
Title VP of Human Resources
Street 800 North Brand Blvd
City Glendale
State CA 91203

5.b. Termination Date 12/30/2012

5.c. 189,162

Additional Employer Addresses

5.a. Name and Address of Employer

Employer ConAgra Foods
Trade Name
Attention To Travis Clemens
Title Vice President of Labor Relations
Street 801 Dye Mill Road
City Troy
State OH 45373

5.b. Termination Date 12/31/2012

5.c. 125,471

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
	Alex Casillas	48,000	9,951	57,951
	Dennis Chaivre	6,800	8,138	14,938
	Dave Rogers	20,400	10,601	31,001
	Frank Barbera	71,000	23,081	94,081
	Cesar Lopez	25,000	6,095	31,095
	Mario Vargas	56,760	30,331	87,091