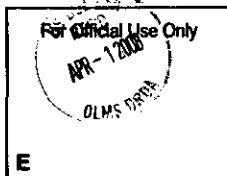


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

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

360487

|                         |   |
|-------------------------|---|
| 1. File Number C- 00272 | 2. Period Covered<br>By This Report<br>From: 01/01/2007 Through: 12/31/2007 |
|-------------------------|---|

|  |  |
|--|--|
| <b>A. Person Filing</b>                                  |  |
| 3. Name and mailing address (include ZIP Code):          |  |
| 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, Building and Room Number, if any<br>Suite #101 | P.O. Box, Building and Room Number, if any |
| Street 5900 Lorac Drive                                  | Street 6770 Langle Drive                   |
| City Clarkston   | City Clarkston                             |
| State Michigan ZIP Code + 4 48346                        | State Michigan ZIP Code + 4 48346          |

### 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 Harold D. Craft<br>Title President<br>On 3/26/08 248-922-0141<br>Date Telephone Number | 18. Signed Harold D. Craft<br>Title Treasurer<br>On 3/26/08 248-922-0141<br>Date Telephone Number |
|---|---|

Name of Person Filing: Harold Craft

File Number C- 00272

**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 Trauth Dairy

Trade Name Dean Foods, Inc.

Attention To Gary A Sparks

Title General Manager

Street 146 N. Clay Avenue

City Louisville

State Kentucky

ZIP Code + 4 40202

5.b. Termination Date 1/11/07

5.c. Amount 17,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 183,125

**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  | W | Craft    | 113,819 | 79,810 | 193,629 | 9. Office and Administrative Expenses       | 7,303   |
| Elizabeth   |   | Casale   | 36,392  | 29,233 | 65,625  | 10. Publicity                               | 0       |
| Jorge   |   | Martinez | 61,330  | 53,104 | 114,434 | 11. Fees for Professional Services          |         |
| Dennis  |   | Chaivre  | 6,270   | 14,524 | 20,794  | 12. Loans Made                              |         |
| David   |   | Rogers   | 31,423  | 18,871 | 50,294  | 13. Other Disbursements                     |         |
| 8. Total disbursements to officers and employees: |   |          |         |        | 646,897 | 14. Total Disbursements (Sum of Items 8-13) | 654,200 |

**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

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Other

ZIP Code + 4

15.d. Amount 0

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

#### 7. Disbursements to Officers and Employers:

[illegible]

|                                     |                      |
|-------------------------------------|----------------------|
| Name of Person Filing: Harold Craft | File Number C- 00272 |
|-------------------------------------|----------------------|

**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 <u>Trauth Dairy</u>                                      | P.O. Box, Bldg., Room No., if any  |                  |              |
| Trade Name <u>Dean Foods, Inc.</u>                                | Street <u>1316 Standard Avenue</u> |                  |              |
| Attention To: <u>Neil</u> <input type="checkbox"/> <u>Finerty</u> | City <u>Indianapolis</u>           |                  |              |
| Title <u>V.P.</u>   | State <u>Indiana</u>               | ZIP Code + 4     | <u>46221</u> |

|                                      |                           |
|--------------------------------------|---------------------------|
| 5.b. Termination Date <u>2/14/07</u> | 5.c. Amount <u>20,025</u> |
|--------------------------------------|---------------------------|

|   |                                     |                  |              |
|---|-------------------------------------|------------------|--------------|
| 5.a. Name and Address of Employer (including trade name, if any). |                                     | Mailing Address: |              |
| Employer <u>Alta Dena Dairy</u>                                   | P.O. Box, Bldg., Room No., if any   |                  |              |
| Trade Name <u>Dean Foods, Inc.</u>                                | Street <u>17637 E. Valley Blvd.</u> |                  |              |
| Attention To: <u>Neil</u> <input type="checkbox"/> <u>Finerty</u> | City <u>City of Industry</u>        |                  |              |
| Title <u>V.P.</u>   | State <u>California</u>             | ZIP Code + 4     | <u>91744</u> |

|                                      |                           |
|--------------------------------------|---------------------------|
| 5.b. Termination Date <u>2/23/07</u> | 5.c. Amount <u>66,150</u> |
|--------------------------------------|---------------------------|

|  |                                       |                  |              |
|--|---------------------------------------|------------------|--------------|
| 5.a. Name and Address of Employer (including trade name, if any).  |                                       | Mailing Address: |              |
| Employer <u>Dean Foods, Inc.</u>                                   | P.O. Box, Bldg., Room No., if any     |                  |              |
| Trade Name   | Street <u>41 W. 148 Krurtzer Road</u> |                  |              |
| Attention To: <u>Jeff</u> <input type="checkbox"/> <u>Peterson</u> | City <u>Huntley</u>                   |                  |              |
| Title  | State <u>Illinois</u>                 | ZIP Code + 4     | <u>60142</u> |

|                                      |                           |
|--------------------------------------|---------------------------|
| 5.b. Termination Date <u>5/24/07</u> | 5.c. Amount <u>40,500</u> |
|--------------------------------------|---------------------------|

|   |   |                  |              |
|---|---|------------------|--------------|
| 5.a. Name and Address of Employer (including trade name, if any). |   | Mailing Address: |              |
| Employer <u>Pet Dairy</u>   | P.O. Box, Bldg., Room No., if any       |                  |              |
| Trade Name <u>Dean Foods, Inc.</u>                                | Street <u>1735 Old Dean Forest Road</u> |                  |              |
| Attention To: <u>Neil</u> <input type="checkbox"/> <u>Finerty</u> | City <u>Pooler</u>                      |                  |              |
| Title <u>V.P.</u>   | State <u>Georgia</u>                    | ZIP Code + 4     | <u>31322</u> |

|                                      |                          |
|--------------------------------------|--------------------------|
| 5.b. Termination Date <u>8/22/07</u> | 5.c. Amount <u>9,450</u> |
|--------------------------------------|--------------------------|

|  |                                   |                  |              |
|--|-----------------------------------|------------------|--------------|
| 5.a. Name and Address of Employer (including trade name, if any).    |                                   | Mailing Address: |              |
| Employer <u>Fiesta Mart, Inc.</u>                                    | P.O. Box, Bldg., Room No., if any |                  |              |
| Trade Name   | Street <u>5235 Katy Freeway</u>   |                  |              |
| Attention To: <u>Louis</u> <input type="checkbox"/> <u>Katapodis</u> | City <u>Houston</u>               |                  |              |
| Title <u>President, CEO</u>  | State <u>Texas</u>                | ZIP Code + 4     | <u>77077</u> |

|                                      |                           |
|--------------------------------------|---------------------------|
| 5.b. Termination Date <u>12/4/07</u> | 5.c. Amount <u>30,000</u> |
|--------------------------------------|---------------------------|

|   |                                   |                  |  |
|---|-----------------------------------|------------------|--|
| 5.a. Name and Address of Employer (including trade name, if any). |                                   | Mailing Address: |  |
| Employer  | P.O. Box, Bldg., Room No., if any |                  |  |
| Trade Name  | Street                            |                  |  |
| Attention To:   | City                              |                  |  |
| Title   | State                             | ZIP Code + 4     |  |

|                       |             |
|-----------------------|-------------|
| 5.b. Termination Date | 5.c. Amount |
|-----------------------|-------------|