

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

For Official Use Only



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number. C- 00272

325229

### Person Filing

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

Name Harold D Craft

Title Chairman/President

Organization CBC Consulting, Ltd.

P.O. Box, Bldg., Room No., if any

Street 5900 Lorac Drive, Suite 101

City Clarkston

State Michigan

ZIP Code + 4 48346

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

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization Dean Foods Company

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 3600 N. River Road

City Franklin Park

State Illinois

ZIP Code + 4 60131

7. Date entered into:

11 / 1 / 2006

8. Name of person(s) through whom made:

Name

Name

Name

Name

Name

### 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 Section VII on penalties in the instructions.)

13. Signed

President  
(If other title, see instructions)

14. Signed

Treasurer  
(If other title, see instructions)

Title Other (Specify)

Title Other (Specify)

Chairman

President

On 248-922-0141

Date

Telephone Number

On 248-922-0141

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☐ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

For services rendered. To answer questions of management, and employees concerning the law so as not to violate the employees' rights or the rights of the unions.

\$17000 to be received by check

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Group meetings with employees and answer questions.

11.b. Period during which performed:

12/2006-1/2007

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name

Organization CBC Consulting, Ltd.

P.O. Box, Bldg., Room No., if any

Street 5900 Lorac Drive Suite 101

City Clarkston

State Michigan

ZIP Code + 4 48346

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: