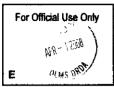
U.\$. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



This report is mandatory under P.L. 88-257, 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 Fielations 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 PREPAIRING THIS REPORT.

1. File Number: C- 00272	360460			
Person Filing				
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name Harold D Craft		Name Sue L Maniscalchi		
Title Chairman/President				
<del></del>				
Organization CBC Consulting, Ltd.		Organization CBC Consulting, Ltd.		
P.O. Box, Bidg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 5900 Lorac Drive, Suite 101		Street 6770 Langle Drive		
City Clarkston		City Clarkston.		
State Michigan	ZIP Code + 4 48346	State Michigan ZIP Code + 4 48346		
4. Date fiscal year ends:	5. Type of person:			
Dec / 31	a. Individual b. Partnership	c. Corporation I. Other (Specify):		
	· · · · · · · · · · · · · · · · · · ·			
Nature of Agreement or Arrangemen				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 12 / 31 / 2006		
Name Neil Finerty		8. Name of person(s) through whom made:		
Organization Trauth Dairy				
Trade Name, if any Dean Foods, Inc.		Name Gary Sparks		
P.O. Box, Bldg., Room No., if any		Name		
Street 146 N. Clay Street		Name		
City Louisville		Name		
State Kentucky	ZIP Code + 4 40202	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   14. Signed   Treasurer (If other title, see instructions)				
Title President On	, , , , , , , , , , , , , , , , , , ,	On		
Date	Telephone Number	Date Telephone Number		

Filer Harold Craft CBC Consulting, Ltd.		File Number C- 00272		
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:				
To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	nployees as to the manner of	exercising, the right to organize and bargain		
b. To supply an employer with information concerning the activities of emsuch employer, except information for use solely in conjunction with a				
10. Terms and conditions (Explain in detail; see instructions. Written agreements	must be attached ):			
For services rendered during the union campaign. To answer questions of management and employees concerning the law so as not to violate the employee's rights or the rights of the union. Included would be group meetings with employees. \$ 17,000 to be paid 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.				
11.b. Period during which performed:	11.c. Extent performed:			
12-2006 - 01-2007	Complete			
11.d. Name and address through whom performed:	Additional Name and addre	ess through whom performed, if any:		
Name	Name			
Organization CBC Consulting, Ltd.	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 5900 Lorac Drive, Suite 101	Street			
City Clarkston	City			

State

Teamsters

12.b. Identify subject labor organizations:

ZIP Code + 4 48346

State Michigan

12.a. Identify subject groups of employees:

Dairy distribution drivers

ZIP Code + 4