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 11-30-2006



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.

511943			
1. File Number: C- 00633			
Person Filing			
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:		
Name Steven A Beyer	Name		
Title Partner	Title		
Organization The Crossroads Group Labor Relations Con	Organization		
P.O. Box, Bldg.; Room No., if any 505	P.O. Box, Bldg., Room No., if any		
Street 63 Via Pico Plaza	Street		
City San Clemente	City		
State California ZIP Code + 4 92672	State ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:			
Dec / 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):		
	A CONTRACTOR OF THE CONTRACTOR		
Nature of Agreement or Arrangement	1		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 1 / 20 / 2013 1		
Name Dave Charron	Name of person(s) through whom made:		
Organization Capstone Logistics Inc.	, , , , ,		
Trade Name, if any	Name Dave Charron		
P.O. Box, Bldg., Room No., if any Suite 400	Name _		
Street 4 Executive Park East	Name		
City Atlanta	Name		
State Georgia ZIP Code + 4 30329	Name		
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable the information captained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President	the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Michael Dan Pen Treasurer		
Other (Specify) (If other title, see instructions)	(If other title, see instructions) Title Other (Specify)		
- Partner	Partner		
On 2/6/2013 (949) 248-0884	On 02/12/13 (818) 999-5632		
Date Telephone Number	Date Telephone Number		

Filer. Steven Beyer The Crossroads Group Labor Relat	ions Con	File Number C- 00633	
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 em collectively through representatives of their own choosing.	ployees as to the manner of	exercising, the right to organize and bargain	
b. To supply an employer with information concerning the activities of em such employer, except information for use solely in conjunction with a	ployees or a labor organization administrative or arbitral pro	on in connection with a labor dispute involving acceding or a criminal or civil judicial proceeding.	
10. Target and conditions (Evaluin in detail, see instructions, Written agreements	must be attached):		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): Payment on a fee-for-service basis at an hourly rate of \$350.00 per hour, plus reasonable and			
customary expenses.			
·			
•			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruct	ions):		
a. Nature of activity:			
To assist the Employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation.			
rainizon enem wien inizermaezen regarariag enizat paren representation			
11.b. Period during which performed:	11.c. Extent performed:		
1/21/2013 - 1/26/2013	Complete		
11.d. Name and address through whom performed:	Additional Name and addre	ss through whom performed, if any:	
Name Steven A Beyer	Name	·	
Organization The Crossroads Group Labor Relations Cons	Organization		
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No., if any		
Street 63 Via Pico Plaza	Street		
City San Clemente	City		
State California ZIP Code + 4 92672	State	ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All loaders, selectors and support staff at the employer's Schodack Landing, NY location within Hanaford Bros. distribution center.	UFCW		