U.S. 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 11-30-2006



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: <b>C-</b> 00633				
Person Filing				
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name Michael D Penn		Name		
Title Partner		Title		
Organization The Crossroads Group		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 63 Via Pico Plaza, Suite 505		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):		
Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 10 / 31 / 2014		
Name Jennifer Warner		, ,		
Organization Con-way Inc.		Name of person(s) through whom made:		
Trade Name, if any Con-way Freight		Name Jennifer Warner		
P.O. Box, Bldg., Room No., if any		Name Thomas W Clark		
Street 2211 Old Earhart Road, Suite 100		Name Dan Egeler		
City Ann Arbor		Name Bruce Moss		
State Michigan	ZIP Code + 4 48105	Name		
	Sign	atures		
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.)  STEVEN A. BEYER				
13. Signed Milael D	President (If other title, see	14. Signed (TAVELLING - OUT OF STATE)  Treasurer (If other title, see		
Title Other (Specify) instructions)		Title Other (Specify) instructions)		
Partner		Partner		
On 11/29/2014	818-999-5632	On 11/29/14 949-248-0884		
Date	Telephone Number	Date Telephone Number		

Filer: Michael Penn The Crossroads Group	File Number C- 00633			
9. Check the appropriate box to indicate whether an object of the activities unde	taken, is directly or indirectly:			
a. To persuade employees to exercise or not to exercise, or persuade er collectively through representatives of their own choosing.	nployees as to the manner of exercising, the right to organize and bargain	į		
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.):				
Payment on a fee-for-service basis at the hourly rate of \$325.00 plus reasonable and customary expenses				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
To assist the Employer's communication efforts to advise employees of their Section 7 rights and				
furnish them with information related to third-party representation				
11.b. Period during which performed:	11.c. Extent performed:			
11/06 - 11/07/14	Completed	ĺ		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Tom Zigray	Name			
Organization The Crossroads Group	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 63 Via Pico Plaza, Suite 505	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 employees at the Employer's Rochester, NY facility	IBT			