

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)

625472

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00633

Person Filing

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

Name Michael D Penn
Title Partner
Organization The Crossroads Group
P.O. Box, Bldg., Room No., if any
Street 63 Via Pico Plaza, Suite 505
City San Clemente
State California ZIP Code + 4 92672

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 Karina Abarca
Organization Morongo Casino Resort & Spa
Trade Name, if any MCERS
P.O. Box, Bldg., Room No., if any
Street 49500 Seminole Drive
City Cabazon
State California ZIP Code + 4 92230

7. Date entered into:

6 / 20 / 2016

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

Name Karina Abarca
Name Kimberly A Cluff
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 Michael Dana Penn

President
(If other title, see
instructions)

Title Other (Specify)

Partner

On 07/11/2016

Date

818-999-5632

Telephone Number

14. Signed [Signature]

Treasurer
(If other title, see
instructions)

Title Other (Specify)

Partner

On 7-13-2016

Date

949-248-0884

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.):

Payment on a fee-for-service basis at the hourly rate of \$375.00 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 provide them with information regarding third-party representation

11.b. Period during which performed:

06/22/16 - Present

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Michael D Penn

Organization The Crossroads Group

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

Street 63 Via Pico Plaza, Suite 505

City San Clemente

State California ZIP Code + 4 92672

Additional Name and address through whom performed, if any:

Name Miko A Penn

Organization The Crossroads Group

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

Street 63 Via Pico Plaza, Suite 505

City San Clemente

State California ZIP Code + 4 92672

12.a. Identify subject groups of employees:

All employees in Casino Housekeeping, Hotel Housekeeping, EVS, (Front of the House) Food & Beverage working at the Employer's casino in Cabazon, California

12.b. Identify subject labor organizations:

IBEW Local 47 & UNITE HERE

Form LM-20
Agreement and Activities Report
Attachment

File Number: C-00633

Organization: MCRS

Date: 07/11/2016

11.d. Additional Name and address through whom performed, if any:

Name: Steven A. Beyer

Organization: The Crossroads Group

Street: 63 Via Pico Plaza, Suite 505

City: San Clemente

State: California

Zip Code: 92672