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 11-30-2009



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.

Person Filing 2. Name and mailing address (include ZIP Code): Name Steven A Beyer Title Partner Organization The Crossroads Group P.O. Box, Bidg., Room No., if any Sireet 63 Via Pico Plaza, Suite 505 City San Clemente City State California ZiP Code + 4 92672 State City State A Date fiscal year ends: Dec 31 S. Type of person: a. Individual b. Fartnership c. Corporation d. Other (Specify) Name Romald A Baumann Street 3355 Veterans Memorial Highway P.O. Box, Bidg., Room No., if any Street 3355 Veterans Memorial Highway City Ronkonkoma State New York ZiP Code + 4 11779 Signature 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 report and is, to the best of the undersigned sknowledge and belief, true, correct days complete, Sees-Gooth Win penalties in the instructions) Title Other (Specify) Partner On 10/31/2009 (818) 248-0884 On 10/31/2009 (818) 999-5632 Title Date Title Partner On 10/31/2009 (818) 999-5632 Title Partner	1. File Number: C- 00633 409312		
2. Name and mailing address (include ZIP Code): Name Steven A Beyer Title Fartner 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 State ZIP Code + 4 4. Date fiscal year ends: Dec			
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Title Partner Organization The Crossroads Group P.O. Box, Bidg., Room No., if any Street 63 Via Pico Plaza, Suite 505 City San Clemente State California ZiP Code + 4 92672 State ZiP Code + 4 4. Date fiscal year ends: Dec / 31 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 Rottal A Baumann Organization Baumann & Sons Bus Company; Acme; Alert Trade Name, if any P.O. Box, Bidg., Room No., if any Name Name Name Street 3355 Veterans Memorial Highway City Ronkonkoma State New York ZiP Code + 4 11779 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 submitted in any ecompasity documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, frue, correctly of complete (See Section VII on penalties in the instructions) Title Other (Specify) Partner On 10/31/2009 (818) 248-0884 On 10/31/2009 (818) 999-5632			
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P.O. Box, Bidg., Room No., if any Street 3 Via Pico Plaza, Suite 505 City San Clemente City State	Title Partner	Title	
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Title Other (Specify) instructions) Partner Title Other (Specify) On 10/31/2009 (818) 248-0884 On 10/31/2009 (818) 999-5632	13. Signed WWW President		
Partner On 10/31/2009 (818) 248-0884 On 10/31/2009 (818) 999-5632	Other (Specify) instructions)	Other (Specify) instructions)	
Date Telephone Number Date Telephone Number	On 10/31/2009 (818)248-0884	On 10/31/2009 (818) 999-5632	
	Date Telephone Number	Date Telephone Number	

Filer: Steven Beyer The Crossroads Group	File Number C- 00633	
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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 n	nust be attached.):	
Payment on a fee-for-service basis at an hourly rate customary expenses (see attached).	e of \$325.00 per hour, plus reasonable and	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruction	ons):	
a. Nature of activity:		
To advise employees of their Section 7 rights and facts regarding the potential disadvantages of third-party representation. To answer employee questions and provide them with information necessary		
to ensure informed choice.		
11.b. Period during which performed:	11.c. Extent performed:	
10/14 - 11/21/2009	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Steven A Beyer	Name Hector Barcenas	
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 6217 Crossfire Court	
City San Clemente	City Corona	
State California ZIP Code + 4 92672	State California ZIP Code + 4 92880	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All full-time and regular part-time drivers, driver's assistants, mechanics and maintenance employees employed at its Baumann & Sons Bus Company, Acme Bus Corporation and Alert Coach Lines, Inc. locations on Long Island, New York.	International Brotherhood of Teamsters, Local 1205 (Farmingdale, New York)	

File Number C- 00633

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

To advise employees of their Section 7 rights and facts regarding the potential disadvantages of third-party representation. To answer employee questions and provide them with information necessary to ensure informed choice.

11.b. Period during which performed:	11.c. Extent performed:
10/14 - 11/21/2009	Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Alex Casillas	Name Erick J Becker
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 1119 S. Mission Road, Suite 223	Street 23361 Madero, Suite 220
City Fallbrook	City Mission Viejo
State California ZIP Code + 4 92028	State California ZIP Code + 4 92691
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:
Name Ricardo Pasalagua	Name Edward M Echanique
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 6 Seaside Circle	Street 155 Bay Laurel Drive
City Newport Beach 92115	City Mooresville
State California ZIP Code + 4 92663	State North Carolina ZIP Code + 4 28115
12.a. Identify subject groups of employees: All full-time and regular part-time drivers, driver's assistants, mechanics and maintenance employees employed at its Baumann & Sons Bus Company, Acme Bus Corporation and Alert Coach Lines, Inc. locations on Long Island, New York.	12.b. Identify subject labor organizations: International Brotherhood of Teamsters, Local 1205 (Farmingdale, New York)

File Number C- 00633

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

To advise employees of their Section 7 rights and facts regarding the potential disadvantages of third-party representation. To answer employee questions and provide them with information necessary to ensure informed choice.

11.b. Period during which performed:	11.c. Extent performed:
10/14 - 11/21/2009	Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Gerri Ransom	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 8860 S. Hooper Avenue	Street
City Los Angeles	City
State California ZIP Code + 4 90002	State ZIP Code + 4
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:
Name	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
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