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

FORM LM-21 RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

58416

1 . File Number C- 00633	By This Report (mm/dd/yyyy) (mm/dd/yyyy)						
	From: 01 / 01 / 2014 Through: 12 / 31 / 2014						
A. Person Filing							
3. Name and mailing address (include ZIP Code):	4. 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, Building and Room Number, if any	P.O. Box, Building and Room Number, if any						
505							
Street 63 Via Pico Plaza	Street						
City San Clemente	City						
State California ZIP Code + 4 92672	State ZIP Code + 4						
Signatures							
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the							
correct, and controllete. (See the Section on penalties in the instructions).							
17. Signed President	18. Signed Michael Dana Penn Treasurer						
Title Other (Specify) (if other title, see instructions)	Title Other (Specify) (If other title, see instructions)						
Partner	Partner						
On 03/14/2015 (949) 248-0884	On 03/20/2015 (818) 999-5632						
Date Telephone Number	Date Telephone Number						

										
Name of Person Fili	ng:	Steven Beyer				to a second seco	File Number C- 00	0633		
B. Statement of R	ece	ipts Report all receipts from or services.	n employers in	connection w	ith labor rela	tions advice or ser	vices regardless of the	purposes	of the advice	
5.a. Name and Address of Employer (including trade name, if any).				D.O. B-1	Mailing Address:					
Employer Serco Inc.					P.O. Box, Building and Room Number, if any					
Trade Name				Street						
Attention To	Da	vid C Go	oldberg		City	Reston	bereet			
Title	Sei	nio VP and General	Counsel	· · · · · · · · · · · · · · · · · · ·	State	Virginia	ZIF	Code + 4	20190	
	_	• • •				<u> </u>	· ·			
5.b. Termination D	ate	03/01/2014			5.c. Amo	ount 76,677				
6. TOTAL RECEIP	rs	FROM ALL EMPLOYERS	103,626	:						
		<u></u>	<u> </u>	<u> </u>					· · · ·	
			•						· · · ·	
C. Statement of D	isb	ursements Report all di to the emplo	sbursements r yers listed in F	nade by the re Part B.	porting orga	nization in connect	ion with labor relations	advice or	services rendered	
7. Disbursements to	Offi	cers and Employees:	• .							
(a) Name			·	(c) Expenses (c						
Steven	=	Beyer	45,678	5,828	51,5		Administrative Expens	es	1	
Michael	☱	Penn	25,511	2,773	28,2	 	· 		Ĭ.	
Miko	Α	Penn	3,688	1,452	5,1		Professional Services		J a	
Jorge		Sandoval	1,365	3,989	5,3	54 12. Loans Ma				
Tom	L	Zigray	0	4,177	4,1				!!	
8. Total disburseme	ents	to officers and employees	4 g	<u> </u>	98,0	97 14. Total Disbu	rsements (Sum of Items	8-13)	98,097	
								•	· .	
D. Schedule of Di	sbu	rsements for Reportable	Activity	Use this Sche	dule to repor	t only disbursemer	ts made for the purpos	ses describ	ed in Part D of the	
				instructions.		<u> </u>	<u> </u>			
15.a. Employer Na	me	· · · · · · · · · · · · · · · · · · ·			15.b. Tr	ade Name, If any:			•	
					[<u> </u>	
15.c. To Whom Pa	d.		•		15.d. An	nount		;		
Name					15.e. Pu	Imose	·	•		
Title		<u> </u>								
Organization									4 1 4 7	
Organization			·			•				
B.O. Boy Buildi	-	and Room Number, if any				•				
P.O. Box, Buildi	ng .	and Room Number, ii any							#! ***	
Street						F (4) 1-6				
City						;·				
· -			50-41-4 5		٦II					
State		Zi	P Code + 4	· · · · · · · · · · · · · · · · · · ·		:				
16. TOTAL DISBU	RS	EMENTS FOR ALL REPOR	RTABLE ACTIV	VITY				•		

Form LM-21 (2003)

Name of Person Filing: Steven Beyer			File Number C-	00633			
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor re	elations advice o	services regardle	ss of the purpose	es of the		
5.a. Name and Address of Employer (including trade name, if any).		Mailing Addres	SS:				
0	No., if any						
Employer Capstone Logistics LLC	apstone Logistics LLC 520 Street 6525 The Corners Parkway						
Trade Name				<u>у</u> 1	<u>. </u>		
Attention To: Nancy Geraghty Title Vice President of Human Resources		Peachtree (orners]]710 Codo + 4 [
vios ilositorio di manta reporteto	ا	Georgia		ZIP Code + 4	30092		
5.b. Termination Date 11/07/2014	5.c. Amou	unt 24,948					
5.a. Name and Address of Employer (including trade name, if any).	P.O. Bo	Mailing Addres	s: lo., if any				
Employer The American Bottling Company		869077					
Trade Name 7up Bottling Co. of San Francisco	Street						
Attention To: Mike Grant	City [Plano]			
Title Branch Manager	State	Texas	, ·	ZIP Code + 4	5086-9077		
5.b. Termination Date 11/21/2013	5.c. Amo	unt 2,001					
5.a. Name and Address of Employer (including trade name, if any).		Mailing Addres					
Employer	P.O. Bo	x Bldg Room N	lo. if any				
Trade Name	Street	i i					
Attention To:	City			1			
Title	State [ZIP Code + 4	·		
5.b. Termination Date	5.c. Amoi	unt		J			
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5.a. Name and Address of Employer (including trade name, if any).	<u> </u>	Mailing Addres					
5.a. Name and Address of Employer (including trade name, if any).	<u> </u>						
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5.a. Name and Address of Employer (including trade name, if any).	P.O. Bo	Mailing Addres		<u> </u>			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	P.O. Bo	Mailing Addres		ZIP Code + 4			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	P.O. Bo Street [City [State [Mailing Addres		ZIP Code + 4			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	P.O. Bo Street [Mailing Addres	lo., if any	ZIP Code + 4			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	P.O. Bo Street [City [State [5.c. Amo	Mailing Addres	lo., if any	ZIP Code + 4			
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Name of Person Filing: Steven Beyer

a) Name	¬¬¬,	(b) Salary	(c) Expenses	(d) Totals	
Ricardo	Pasalagua	0	3,636	3,636	
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