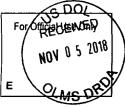
U. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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

NOV 0 5 2018 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. (85016		
1. File Number: C- 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 Steven A Beyer	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	
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: 8 / 9 / 2018	
Name Karina Abarca	8. Name of person(s) through whom made:	
Organization Morongo Casino Resort & Spa	Name Karina Abarca	
P.O. Box, Bldg., Room No., if any	Name	
Street 49500 Seminole Drive	Name	
City Cabazon	Name	
State California ZIP Code + 4 92230	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 19) on penalties in the instructions.)		
13. Signed President (If other title, see instructions)	14. Signed Michael Dava Rem Treasurer (If other title, see instructions)	
Title Other (Specify) Partner	Title Other (Specify) Partner	
On 10/24/2018 (949) 248-0884  Date Telephone Number	On 10/27/18 (818) 999-5632    Date   Telephone Number	

File: Steyen Beyer The Crossroads Group	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 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 an 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 communications efforts to furnish them with information related to third-part		
rumish them with imformation refaced to third-part	y Tepresentation.	
	44 - Estado antigrado	
11.b. Period during which performed:  8/16-17/2018	11.c. Extent performed:  Complete	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Steven A Beyer	Name Miko A Penn	
Organization The Crossroads Group Labor Relations Cons	Organization The Crossroads Group Labor Relations Cons	
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No., if any 505	
Street 63 Via Pico Plaza	Street 63 Via Pico Plaza	
City San Clemente	City San Clemente	
State California ZIP Code + 4 92672	State California ZIP Code + 4 92672	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Beverage Department employees	Labor organizations generally	