

# 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.

679154

1. File Number: C- 00633

### Person Filing

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

Name Steven A Beyer

Title Partner

Organization The Crossroads Group

P.O. Box, Bldg., Room No., if any 505

Street 63 Via Pico Plaza

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

Organization Capstone Logistics, LLC

Trade Name, if any

P.O. Box, Bldg., Room No., if any 520

Street 6525 The Corners Parkway

City Peachtree Corners

State Georgia

ZIP Code + 4 30092-3424

#### 7. Date entered into:

5 / 9 / 2018

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

Name Dave Charron

Name

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 203(b) on penalties in the instructions.)

13. Signed

Title Other (Specify)

Partner

On 5/22/2018

Date

(949) 248-0884

Telephone Number

14. Signed

Title Other (Specify)

Partner

On 06/07/18

Date

(818) 999-5632

Telephone Number

Treasurer  
(If other title, see  
instructions)

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 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:

5/12 - 5/18/2018

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Steven A Beyer  
Organization The Crossroads Group Labor Relations Cons  
P.O. Box, Bldg., Room No., if any 505  
Street 63 Via Pico Plaza  
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 Labor Relations Cons  
P.O. Box, Bldg., Room No., if any 505  
Street 63 Via Pico Plaza  
City San Clemente  
State California ZIP Code + 4 92672

12.a. Identify subject groups of employees:

All warehouse employees of 2600 Haven Road,  
Joliet, IL

12.b. Identify subject labor organizations:

IBT LU 703 and JC 25