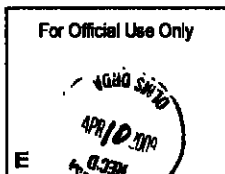


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

393824

1. File Number C- 00633	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2008	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2008
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A. Person Filing	
3. Name and mailing address (Include ZIP Code): Name Steven A Beyer Title Partner Organization The Crossroads Group Labor Relations Con P.O. Box, Building and Room Number, if any Suite 505 Street 63 Via Pico Plaza City San Clemente State California ZIP Code +4 92672	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4

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 the Section on penalties in the instructions).

17. Signed <u>[Signature]</u> Title Other (Specify) Partner On 03 / 28 / 2009 (949) 248-0884 Date Telephone Number	18. Signed <u>Michael Dan Pan</u> Title Other (Specify) Partner On 03 / 28 / 2009 (818) 999-5632 Date Telephone Number
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Name of Person Filing: Steven Beyer	File Number C- 00633
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer Hub Construction Specialties, Inc. Trade Name Attention To Ed Dainko Title Chief Operating Officer/CFO	Mailing Address: P.O. Box, Building and Room Number, If any Street 379 South I Street City San Bernardino State California ZIP Code + 4 92410
5.b. Termination Date 02/20/2008	5.c. Amount 9,657
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 290,568	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
7. Disbursements to Officers and Employees:					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Steven Beyer	84,771	7,171	91,942	9. Office and Administrative Expenses	216
Michael Penn	184,581	4,548	189,129	10. Publicity	0
Douglas Muir	5,469	282	5,751	11. Fees for Professional Services	0
				12. Loans Made	0
	0		0	13. Other Disbursements	0
8. Total disbursements to officers and employees:			286,822	14. Total Disbursements (Sum of Items 8-13)	287,038

D. Schedule of Disbursements for Reportable Activity		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name:		15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount
Name Title Organization P.O. Box, Building and Room Number, If any Street City State Washington ZIP Code + 4		15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: Steven Beyer		File Number C- 00633	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sofa Mart, LLC		P.O. Box, Bldg., Room No., if any Suite 350	
Trade Name		Street 300 Union Blvd.	
Attention To: Gregory A Ruegsegger		City Denver	
Title Vice President and General Counsel		State Colorado ZIP Code + 4 80228	
5.b. Termination Date 08/30/2008		5.c. Amount 134,490	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Toray Composites (America), Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 19002 50th Avenue E.	
Attention To: David J Manger		City Tacoma	
Title Compliance Manager		State Washington ZIP Code + 4 98446	
5.b. Termination Date 11/22/2008		5.c. Amount 50,413	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Coca-Cola Enterprises		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2500 Windy Ridge Parkway	
Attention To: Brian J Sasadu		City Atlanta	
Title Director of Labor Relations		State Georgia ZIP Code + 4 30339	
5.b. Termination Date 09/13/2008		5.c. Amount 19,175	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Serco, Inc. (North America)		P.O. Box, Bldg., Room No., if any Suite 1000	
Trade Name		Street 1818 Library Street	
Attention To: Glenn Sieja		City Reston	
Title Director of Operations		State Virginia ZIP Code + 4 20190	
5.b. Termination Date 07/05/2008		5.c. Amount 76,833	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Reporting Organization:

The Crossroads Group Labor Relations Consultants

File Number:

C-00633

Reporting Period Ending Date:

12/31/2008

Additional Pages:

1 of 1

Additional Information:

Page 3 of 3:

Please note that the amount in item **5.c** for ***Toray Composites (America), Inc.*** includes receipts for matters not connected with labor relations advice and services according to LMRDA Section 203(b).