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 11-30-2006



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFUL	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 459694					
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 Michael D Penn	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					
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: 11 / 24 / 2017					
Name Scott Wilbur	8. Name of person(s) through whom made:					
Organization WB Mason						
Trade Name, if any	Name Scott Wilbur					
P.O. Box, Bldg., Room No., if any	Name .					
Street 647 Summer Street	Name					
City Boston	Name					
State Massachusetts , ZIP Code + 4 02210	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	tion contained in a	iny accompanying document See Section VII on penalties	ls) has been examine				
13. Signed	Michael	Dana Penn	President (If other title, see	14. Signed	Delle G	18 My m	√Treasurer (If other title, see
Title	Other (Specify)		instructions)	Title	Other (Specify)		instructions)
	Partner				Partner	1	
On	12/28/2017	818-999-5632		On	12/30/2017	49-248-0884	
	Date	Telephone Number	er		Date U	Telephone Number	

Fier Michael Penn The Crossroads Group		File Number C- 00633				
	With the same and a					
Check the appropriate box to indicate whether an object of the activities under	aken, 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	muet hei attachöd N:	· · · · · · · · · · · · · · · · · · ·				
Payment on a fee-for-service basis at the hourly rate of \$350.00 plus reasonable and customary expenses						
e ·						
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instruction)	ons):					
a. Nature of activity: To assist the Employer in advising its employees of their Section 7 rights and to furnish them with information regarding third-party representation						
	*					
11.b. Period during which performed:	11.c. Extent performed:					
11/27 - 12/01/2017	Completed					
11.d. Name and address through whom performed:	Additional Name and address	s through whom performed, if any:				
Name Michael D Penn	Name					
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				
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	organizations:				
All drivers, driver helpers and warehouse workers at the Employer's branch locations in Altoona, PA; Leetsdale, PA; Cleveland, OH; and Erie, PA	IBT and labor unic	ons in general				