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. 1245-0003
Expires 08-31-2016

For Official Use Only people 2015 and

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 Labor Relations Cons	Organization		
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No., if any		
Street 63 Via Pico Plaza	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):		
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Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 7 / 30 / 20/5		
Name Daniel Egeler			
Organization Con-way Inc.	8. Name of person(s) through whom made:		
Trade Name, if any Con-way Freight	Name Daniel Egeler		
P.O. Box, Bldg., Room No., if any 100	Name		
Street 2211 Old Earhart Road	Name		
City Ann Arbor	Name		
State Michigan	Name		
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true; correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed Other (Specify) Partner On 8/24/2015 (949) 248-0884	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Miller Dane Perror (If other title, see instructions) Title Other (Specify) Instructions) On 08/27/15 (818) 999-5632		
Date Telephone Number	Date Telephone Number		

Filer: Steven Beyer The Crossroads Group Labor Relat	ions Consu	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 em such employer, except information for use solely in conjunction with a			
	-		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): Payment on a fee-for-service basis at the hourly rate of \$350.00, including reasonable and customary			
expenses.	te of \$350.00, filet	uding reasonable and customary	
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruct	tions):		
a. Nature of activity:			
To assist the employer's communication efforts to a furnish them with information related to third-part		their Section 7 rights, and	
intrinsia them with information related to third part	ty representation.		
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11 b. Doried during which perfermed:	11.c. Extent performed:		
11.b. Period during which performed: 7/30/2015 - 8/22/2015	Complete		
11.d. Name and address through whom performed:	ļ <u>-</u>	ss through whom performed, if any:	
	Name Name	The state of the s	
<u> </u>	Name		
Organization The Crossroads Group Labor Relations Consu	Organization	· · · · · · · · · · · · · · · · · · ·	
P.O. Box, Bldg., Room No., if any 505	P.O. Box, Bldg., Room No.,	if any	
Street 63 Via Pico Plaza	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	organizations:	
All full-time and regular part-time Custodian Senior, Customer Service Rep-Field, Mechanics, Mechanic Apprentices, Mechanic Leads and Trailer Mechanics assigned to work at the employer's shop facility in Clackamas, Oregon.	International Brot	herhood of Teamsters Local 162	



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