

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 07-31-2019

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)

For Official Use Only

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SEP 26 2016

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number C-00633

### Person Filing

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

Name     
Title   
Organization   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State

#### 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

#### 4. Date fiscal year ends:

#### 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   
Trade Name, if any   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State

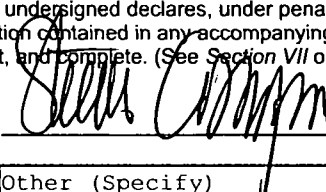
#### 7. Date entered into:

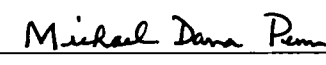
#### 8. Name of person(s) through whom made:

Name    
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 VII on penalties in the instructions.)

13. Signed   
Title    
On    
Date Telephone Number

14. Signed   
Title    
On    
Date Telephone Number

700

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 the hourly rate of \$375.00 per hour, 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 regarding third-party representation.

11.b. Period during which performed:

8/12-13/2016 and 8/22-26/2016

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Steven A Beyer

Organization The Crossroads Group Labor Relations Consu

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 Michael D Penn

Organization The Crossroads Group Labor Relations Consu

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 MCERS employees, except Slot Technicians

12.b. Identify subject labor organizations:

N/A

Item 11.d. Name and address through whom performed:

**Additional Names:**

Name – Miko Penn

Organization – The Crossroads Group Labor Relations Consultants

P.O. Box, Bldg., Room No. – 505

Street – 63 Via Pico Plaza

City – San Clemente

State – California

ZIP Code – 92672

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