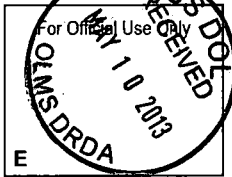


FORM LM-21

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

528618

1. File Number C- 00633	2. Period Covered By This Report From: 01/01/2012 Through: 12/31/2012
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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 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>Steven A Beyer</u> President (if other title, see instructions) Title Other (Specify) Partner On 03/25/2013 (949) 248-0884 Date Telephone Number	18. Signed <u>Michael Dana Pen</u> Treasurer (If other title, see instructions) Title Other (Specify) Partner On 03/30/2013 (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).		Mailing Address:	
Employer Pedernales Electric Cooperative, Inc.		P.O. Box, Building and Room Number, if any P.O. Box 1	
Trade Name		Street 201 South Avenue F	
Attention To Brent Bailey		City Johnson City	
Title General Counsel		State Texas ZIP Code + 4 78636-7155	

5.b. Termination Date 1-20-2012	5.c. Amount 61,458
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS ~~50,000~~ \$210,030.00

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 A Beyer	83,773	10,524	94,297	9. Office and Administrative Expenses	
Michael D Penn	81,233	5,187	86,420	10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			180,717	14. Total Disbursements (Sum of Items 8-13)	180,717

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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
15.c. To Whom Paid Name <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> Title <div style="border: 1px solid black; width: 250px; height: 20px;"></div> Organization <div style="border: 1px solid black; width: 300px; height: 20px;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 250px; height: 20px;"></div> Street <div style="border: 1px solid black; width: 250px; height: 20px;"></div> City <div style="border: 1px solid black; width: 150px; height: 20px;"></div> State <div style="border: 1px solid black; width: 150px; height: 20px;"></div> ZIP Code + 4 <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	15.d. Amount <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

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 <u>Evapco, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>McCormack Coil & Evapco Midwest</u>		Street <u>5151 Allendale Lane</u>	
Attention To: <u>Jay</u> <input type="checkbox"/> <u>Calkins</u>		City <u>Taneytown</u>	
Title <u>Vice President, General Counsel</u>		State <u>Maryland</u> ZIP Code + 4 <u>21787</u>	
5.b. Termination Date <u>7-07-2012</u>		5.c. Amount <u>43,566</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Coca-Cola Refreshments, USA</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>2500 Windy Ridge Parkway</u>	
Attention To: <u>Brian</u> <input type="checkbox"/> <u>J</u> <u>Sasadu</u>		City <u>Atlanta</u>	
Title <u>Vice President, Labor Relations</u>		State <u>Georgia</u> ZIP Code + 4 <u>30339</u>	
5.b. Termination Date <u>9-19-2012</u>		5.c. Amount <u>31,535</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Capstone Logistics, LLC</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>6525 The Corners Parkway</u>	
Attention To: <u>Mike</u> <input type="checkbox"/> <u>Adams</u>		City <u>Norcross</u>	
Title <u>Chief Operating Officer</u>		State <u>Georgia</u> ZIP Code + 4 <u>30092-3353</u>	
5.b. Termination Date <u>5-04-2012</u>		5.c. Amount <u>24,063</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>San Manuel Band of Mission Indians</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>San Manuel Indian Bingo and Casino</u>		Street <u>26569 Community Center Drive</u>	
Attention To: <u>Michele</u> <input type="checkbox"/> <u>Casey</u>		City <u>Highland</u>	
Title <u>Legal Administrator</u>		State <u>California</u> ZIP Code + 4 <u>92346</u>	
5.b. Termination Date <u>2-15-2012</u>		5.c. Amount <u>16,968</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Jensen Precast</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>825 Steneri Way</u>	
Attention To: <u>Tony</u> <input type="checkbox"/> <u>Shanks</u>		City <u>Sparks</u>	
Title <u>President</u>		State <u>Nevada</u> ZIP Code + 4 <u>89431</u>	
5.b. Termination Date <u>8-02-2012</u>		5.c. Amount <u>9,580</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Packard Hospitality Group</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Holiday Inn - LAX</u>		Street <u>9901 S. La Cienega Blvd.</u>	
Attention To: <u>Adrian</u> <input type="checkbox"/> <u>Valencia</u>		City <u>Los Angeles</u>	
Title <u>General Manager</u>		State <u>California</u> ZIP Code + 4 <u>90045</u>	
5.b. Termination Date <u>10-27-2012</u>		5.c. Amount <u>9,446</u>	

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).		Mailing Address:	
Employer <u>McKesson Corporation</u>	P.O. Box, Bldg., Room No., if any	<u></u>	
Trade Name <u></u>	Street <u>2975 Evergreen Drive</u>	<u></u>	
Attention To: <u>Jeff</u> <input type="checkbox"/> <u>Goerke</u>	City <u>Duluth</u>	<u></u>	
Title <u>Director of Labor and Employee Rela</u>	State <u>Georgia</u>	ZIP Code + 4	<u>30096</u>
5.b. Termination Date <u>10-13-2012</u>		5.c. Amount <u>7,163</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Serco, Inc.</u>	P.O. Box, Bldg., Room No., if any	<u>1000</u>	
Trade Name <u></u>	Street <u>1818 Library Street</u>	<u></u>	
Attention To: <u>David</u> <input type="checkbox"/> <u>C Goldberg</u>	City <u>Reston</u>	<u></u>	
Title <u>Associate General Counsel</u>	State <u>Virginia</u>	ZIP Code + 4	<u>20190</u>
5.b. Termination Date <u>4-06-2012</u>		5.c. Amount <u>5,026</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Volunteers of America (VOALA)</u>	P.O. Box, Bldg., Room No., if any	<u>1500</u>	
Trade Name <u>Volunteers of America Los Angeles</u>	Street <u>3600 Wilshire Blvd.</u>	<u></u>	
Attention To: <u>Veronica</u> <input type="checkbox"/> <u>Lara</u>	City <u>Los Angeles</u>	<u></u>	
Title <u>Chief Operating Officer</u>	State <u>California</u>	ZIP Code + 4	<u>90010</u>
5.b. Termination Date <u>10-05-2012</u>		5.c. Amount <u>1,225</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>	P.O. Box, Bldg., Room No., if any	<u></u>	
Trade Name <u></u>	Street <u></u>	<u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>	<u></u>	
Title <u></u>	State <u></u>	ZIP Code + 4	<u></u>
5.b. Termination Date <u></u>		5.c. Amount <u></u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>	P.O. Box, Bldg., Room No., if any	<u></u>	
Trade Name <u></u>	Street <u></u>	<u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>	<u></u>	
Title <u></u>	State <u></u>	ZIP Code + 4	<u></u>
5.b. Termination Date <u></u>		5.c. Amount <u></u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>	P.O. Box, Bldg., Room No., if any	<u></u>	
Trade Name <u></u>	Street <u></u>	<u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>	City <u></u>	<u></u>	
Title <u></u>	State <u></u>	ZIP Code + 4	<u></u>
5.b. Termination Date <u></u>		5.c. Amount <u></u>	

Reporting Organization:
File Number:
Reporting Period Ending:
Additional Pages:

The Crossroads Group Labor Relations Consultants
C-00633
12-31-2012
1 of 1

Additional Information:

Pages 2-4:

- **Allocation Method:** Regarding receipts and disbursements reported in **B. Statement of Receipts** and **C. Statement of Disbursements**, reimbursable expenses are allocated on a percentage basis. As it is difficult to determine the amount of expenses attributable to the reportable services, whenever an arrangement provides for the performance of both reportable and non-reportable services, the reportable receipts and disbursements for reimbursable expenses are allocated at the same percentage in relation to the reportable receipts and disbursements for the services. EXAMPLE: An arrangement resulting in \$1,000.00 in receipts for non-reportable services; \$2,000.00 in reportable services; and \$600.00 in combined reimbursable expenses. Reportable services equal 67%. Therefore, the reportable reimbursed expenses in this case would be 67% of \$600.00 – or \$402.00.