

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019

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)

625561

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00633

Person Filing

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

Name Steven A Beyer
Title Partner
Organization The Crossroads Group Labor Relations Const
P.O. Box, Bldg., Room No., if any 505
Street 63 Via Pico Plaza
City San Clemente
State California ZIP Code + 4 92672

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 ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

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 Daniel Egler
Organization XPO Logistics
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 2211 Old Earhart Road
City Ann Arbor
State Michigan ZIP Code + 4 48105

7. Date entered into:

7 / 28 / 2016

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 *Steven A Beyer* President
(If other title, see instructions)

Title Other (Specify) Partner

On 8/06/2016 (949) 248-0884
Date Telephone Number

14. Signed *Michael Penix* Treasurer
(If other title, see instructions)

Title Other (Specify) Partner

On 8/06/2016 (818) 999-5632
Date Telephone Number

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 \$350.00, 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:

8/01 - 8/05/2016

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

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All employees

At CINCINNATI, OHIO (XGN)

12.b. Identify subject labor organizations:

N/A