U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

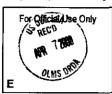
Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Month/Day/Year

(mm/dd/yyyy)

Through: | 12 / 31 / 2007

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-Wanagement Relations and Disclosure Act of 1959, as amended. (LMRDA)



1. File Number C- 00633

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

By This Report From:

Month/Day/Year

01 / 01 / 2007

(mm/dd/yyyy)

A. Person Filing				
Name and mailing address (include ZIP Code):		4. Any other address where	records necessary to verify this report are kept	
Name S1	teven A B	eyer	Name	
Title Pa	artner		Title	
Organization TI	he Crossroads Group	o Labor Relations Co	Organization	
P.O. Box, Buildi	ing and Room Number, if an	у	P.O. Box, Building and Ro	oom Number, if any
Suite	505			
Street 63 Vi	a Pico Plaza		Street	
City San C	lemente		City	
State Calif	orni a	ZIP Code + 4 92672	State	ZIP Code + 4

	Signatures	
	applicable penalties of law, that all of the information submitted in this report (inclusive examined by the signatory and is, to the best of the undersigned's knowledge ctions).	
(if other	ident 18. Signed Mickel Date Penneher title, see uctions) Title Other (Specify) Partner	Treasurer (If other title, see instructions)
On 03 / 22 / 2007 (949) 248-0884 Date Telephone Number	On 03 / 22 / 2007 (818) 999-5632 Date Telephone Number	

Name of Person Filing: Steven Beyer File Number C- 00633

Statement of Receipts Report all receipts from employers in connection or services.	on with labor relations advice or services regardless of the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any		
Employer Hub Construction Specialties, Inc. Trade Name	Street 379 South I Street		
Attention To Ed Dainko	City San Bernardino		
Title Chief Operating Officer/CFO	State California ZIP Code + 4 92410		
5.b. Termination Date Ongoing	5.c. Amount 17, 517		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 423, 246			

C. Statement of	f Disbursements	Report all disbursements to the employers listed in I		orting organiza	ation in connection with labor relations advice or s	ervices rendered
7. Disbursements (a) Name	to Officers and Emplo	yees: (b) Salary	(c) Expenses (d)	Totals		
Steven	Beyer	81,683	9,789	91,472	9. Office and Administrative Expenses	321
Michael	Penn	245,104	21,350	266,454	10. Publicity	0
Douglas	Muir	8,094	342	8,436	11. Fees for Professional Services	5,867
					12. Loans Made	0
					13. Other Disbursements	
8. Total disburse	ements to officers and	d employees:		366,362	14. Total Disbursements (Sum of Items 8-13)	372,550

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.		
5.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
Сіту		
State ZIP Code + 4	4	

Form LM-21 (2003)

Name of Person Filing: Steven Beyer	File Number C- 00633	
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regar	rdless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Gingam International Inc	P.O. Box, Bldg., Room No., If any	
Employer Cinram International, Inc.	O	
Trade Name	Street 400 Sanford Road	
Attention To: Vincent J McGarvey	City La Vergne	777.0
Title Vice President, Human Resources	State Tennessee	ZIP Code + 4 37086
5.b. Termination Date 05/18/2007	5.c. Amount 10,037	
5.a. Name and Address of Employer (Including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer Interstate Hotels and Resorts/CHG	1.0. Box, Bigg., North No., if any	
Trade Name d/b/a/ Holiday Inn Express	Street 8480 E. Coolidge St.	
Attention To: Robert Stammerjohn	City Scottsdale	
Title Regional Director of Operations	State Arizona	ZIP Code + 4 85251
NO STORES DE COPOSITION		
5.b. Termination Date 07/21/2007	5.c. Amount 55, 913	
5.a. Name and Address of Employer (Including trade name, if any).	Mailing Address:	
Employer Sofa Mart, LLC	P.O. Box. Bldd Ro⊙m No if anv Suite 350	
, -	Street 300 Union Blvd.	
Trade Name		
Attention To: Gregory A Ruegsegger	City Lakewood	ZIP Code + 4 80228
Title Vice President and General Counsel	State Colorado	ZIF COUE + 4 80228
5.b. Termination Date Ongoing	5.c. Amount 62,035	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Rovm No., if any	
Employer Coca-Cola Enterprises	1.0. box, blug., Noviii 140., ii aliy	
Trade Name	Street 2750 Eagandale Blvd.	
Attention To: Brian W LaVelle	City Eagan	
Title Director of Labor Relations	State Minnesota	ZIP Code + 4 55121-1292
5.b. Termination Date 07/24/2007	5.c. Amount 49,598	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
	P.O. Box. Bldg Room No., if any	
Employer DHL Express (USA), Inc.	Siute 600	
Trade Name	Street 1200 South Pine Islan	d Road
Attention To: Joshua Frank	City Plantation	
Title Vice President - Labor & Employment	State Florida	ZIP Code +4 33324
5.b. Termination Date 09/13/2007	5.c. Amount 68,755	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Ad Iress:	
	P.O. Box. Blda Room No., if any	
Employer Toray Composites (America), Inc.		
Trade Name	Street 19002 50th Ave.	
Attention To: David J Manger	City Tacoma	
Title Compliance Manager	State Washington	ZIP Code + 4 98446
Ongoine	<u> </u>	
5.b. Termination Date Ongoing	5.c. Amount 56,891.	

Name of Person Filing: Steven Beyer	F	File Number C- 00633	
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advise or sen	vices regardless of the purposes of the	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	,	
Employer Labor Relations Institute Mgmt. Svcs, Inc	P.O. Box, Bldg., Room No., if Suite E	any	
Trade Name	Street 7850 S. Elm Pl	ace	
Attention To: Phillip B Wilson	City Broken Arrow		
Title Vice President and General Counsel	State Oklahoma	ZIP Code + 4 74011	
	T		
5.b. Termination Date 01/10/2007	5.c. Amount 1,589		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Acdress:		
Employer Pinsley Railroad Company	P.O. Box, Bldg., Room No., if	any	
Trade Name	Street 53 Southampton	Road	
Attention To: Angela DePalo	City Westfield		
Title Human Resources & Payroll Manager	State Massachusetts	ZIP Code + 4 01085	
nama kosources a payrori manager	Massachuseccs	01003	
5.b. Termination Date 05/25/2007	5.c. Amount 60, 485		
5.a. Name and Address of Employer (including trade name, if any).	Malling Address:		
Employer Transco Railway Products, Inc.	P.O. Box, Bidg., Room No., I Suite 21:00	fanv	
	Street 55 East Jackso	n Blvd	
Trade Name		m BIVU.	
Attention To: Robert Nelson Title President	City Chicago	ZiP Code +4 60604-4166	
Title President	State Illinois	217 Code + 4 60604 - 4166	
5.b. Termination Date 06/30/2007	5.c. Amount 40,425		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Familian	P.O. Box, Bldg., Room No., I	any	
Employer Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
THE		211 0000 1 7	
5.b. Termination Date	5.c. Amount		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Ad iress:		
	P.O. Box. Blda., Room No., If	'anv	
Employer	Dhua at		
Trade Name	Street	•	
Attention To:	City State	ZIP Code + 4	
Title	State	ZIF CODE + 4	
5.b. Termination Date	5.c. Amount		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Ad Iress:		
	P.O. Box. Blda., Room No., #	anv	
Employer			
1	Stant.		
Trade Name	Street		
Trade Name Attention To:	City	7/D Codo 1 4	
Trade Name		ZIP Code + 4	
Trade Name Attention To:	City	ZIP Code + 4	

: ::.

Reporting Organization: The Crossroads Group Labor Relations Consultants

File Number: C-00633

Reporting Period Ending Date: 12/31/2007

Additional Pages: 1 of 1

Additional Information:

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Please note that the amount in item 5.c for Toray Composites (America), Inc. includes receipts for matters not connected with labor relations advice and services according to LMRDA Section 203(b).