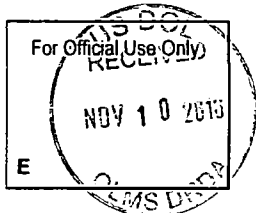


# FORM LM-20

## 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

629284

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 Cons  
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  
Organization Pechanga Development Corporation  
Trade Name, if any Pechanga Resort & Casino  
P.O. Box, Bldg., Room No., if any 45000  
Street Pechanga Parkway  
City Temecula  
State California ZIP Code + 4 92592

#### 7. Date entered into:

9 / 29 / 2016

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

Name Jacob Mejia  
Name Tony Chartrand  
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 President  
(If other title, see instructions)

Title Other (Specify)

Partner

On 10/27/2016

Date

(949) 248-0884

Telephone Number

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

Title Other (Specify)

Partner

On 10/28/16

Date

(818) 999-5632

Telephone Number

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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 rate of \$350.00 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 third-party representation rights and furnish them with information related to third-party representation.

11.b. Period during which performed:

10/1/2016 - Present

11.c. Extent performed:

Ongoing

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 employees

12.b. Identify subject labor organizations:

UNITE-HERE and other labor organizations generally