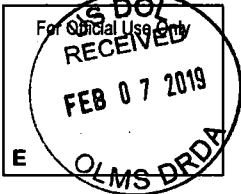


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

688612

1. File Number C-00633	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01/01/2018		12/31/2018

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Michael D Penn
Title	Partner
Organization	The Crossroads Group Labor Relations Con
P.O. Box, Building and Room Number, if any	
Street	63 Via Pico Plaza, Suite 505
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>Michael Dana Penn</u>	President
Title <u>Other (Specify)</u>	(if other title, see instructions)
<u>Partner</u>	
On <u>01/17/2019</u>	Telephone Number <u>(818) 999-5632</u>
Date	Telephone Number
18. Signed <u>[Signature]</u>	Treasurer
Title <u>Other (Specify)</u>	(If other title, see instructions)
<u>Partner</u>	
On <u>01/22/2019</u>	Telephone Number <u>(949) 248-0884</u>
Date	Telephone Number

Name of Person Filing: Michael Penn

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 Capstone Logistics, LLC

P.O. Box, Building and Room Number, if any

Trade Name

Street

6525 The Corners Parkway, Suite 520

Attention To

Dave

Charron

City

Peachtree Corners

Title

Senior Vice President of Operations

State

Georgia

ZIP Code + 4

30092

5.b. Termination Date 10/12/2018**5.c. Amount** 53,638**6. TOTAL RECEIPTS FROM ALL EMPLOYERS** 220,092**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	70,055	8,849	78,904	9. Office and Administrative Expenses	
Michael	D	Penn	72,940	9,096	82,036	10. Publicity	
						11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	
8. Total disbursements to officers and employees:					160,940	14. Total Disbursements (Sum of Items 8-13)	160,940

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:

Capstone Logistics, LLC

15.b. Trade Name, If any:**15.c. To Whom Paid**

Name

Miko

A

Penn

Title

Senior Labor Relations Consultant

Organization

The MayDay Group, Inc.

P.O. Box, Building and Room Number, if any

Street

7550 Chaminade Avenue

City

West Hills

State

California

ZIP Code + 4

91304-5384

15.d. Amount 4,430**15.e. Purpose**

To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 8,577

Name of Person Filing: Michael Penn		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 WB Mason		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 647 Summer Street	
Attention To: Scott Wilbur		City Boston	
Title Director of Operations		State Massachusetts ZIP Code + 4 02210	
5.b. Termination Date 03/14/2018		5.c. Amount 5,442	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Hy-Vee, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 5820 Westown Parkway	
Attention To: Mic Jurgens		City West Des Moines	
Title Sr. VP, Secretary & Chief Counsel		State Iowa ZIP Code + 4 50266	
5.b. Termination Date 01/19/2018		5.c. Amount 10,900	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer The Hertz Corporation		P.O. Box, Bldg., Room No., if any	
Trade Name Dollar & Thrifty Automotive Group		Street 8501 Williams Road	
Attention To: Christine A Cannella		City Estero	
Title Assistant General Counsel		State Florida ZIP Code + 4 33928	
5.b. Termination Date 04/06/2018		5.c. Amount 53,142	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Republic Services		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 18500 North Allied Way	
Attention To: Andrew Sweet		City Phoenix	
Title Vice President		State Arizona ZIP Code + 4 85054	
5.b. Termination Date 03/29/2018		5.c. Amount 7,353	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Pechanga Development Corporation		P.O. Box, Bldg., Room No., if any	
Trade Name		Street PO Box 9041	
Attention To: Shannon Weidauer		City Temecula	
Title Director of HR Operations		State California ZIP Code + 4 92589-9041	
5.b. Termination Date 12/18/17		5.c. Amount 3,828	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Coca-Cola Bottling Company Consolidated		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 4100 Coca-Cola Plaza	
Attention To: Angela M French		City Charlotte	
Title Senior Director of Labor Relations		State North Carolina ZIP Code + 4 28211	
5.b. Termination Date 10/29/2018		5.c. Amount 24,667	

Name of Person Filing: Michael Penn		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: Liberty Diversified International, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name: Miller Container Corporation		Street: 5600 North Highway 169	
Attention To: Ronda Bayer		City: New Hope	
Title: VP, General Counsel & Secretary		State: Minnesota ZIP Code + 4: 55428-3096	
5.b. Termination Date: 05/11/2018		5.c. Amount: 10,212	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Borden Dairy Company		P.O. Box, Bldg., Room No., if any	
Trade Name:		Street: 8750 N Central Espressway, Ste. 400	
Attention To: Alex D Madrazo		City: Dallas	
Title: Vice President, General Counsel		State: Texas ZIP Code + 4: 75231	
5.b. Termination Date: 06/01/2018		5.c. Amount: 11,950	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: AT&T California		P.O. Box, Bldg., Room No., if any	
Trade Name: DIRECTV (Enterprises, LLC)		Street: 430 Bush Street, 5th Floor	
Attention To: Marylou Karp		City: San Francisco	
Title: AVP, Senior Legal Counsel		State: California ZIP Code + 4: 94108	
5.b. Termination Date: 07/16/2018		5.c. Amount: 32,664	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Red Classic Transport, LLC		P.O. Box, Bldg., Room No., if any	
Trade Name:		Street: 1800 Continental Boulevard, Ste 400	
Attention To: Cary Morgan		City: Charlotte	
Title: VP Maintenance Operations		State: North Carolina ZIP Code + 4: 28273	
5.b. Termination Date: 10/13/2018		5.c. Amount: 6,296	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer:		P.O. Box, Bldg., Room No., if any	
Trade Name:		Street:	
Attention To:		City:	
Title:		State: ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount:	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer:		P.O. Box, Bldg., Room No., if any	
Trade Name:		Street:	
Attention To:		City:	
Title:		State: ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount:	

Name of Person Filing: Michael Penn

File Number C- 00633

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: Coca-Cola Bottling Company Consolidated*	15.b. Trade Name, If any:
15.c. To Whom Paid Name Miko A Penn Title Senior Labor Relations Consultant Organization The MayDay Group, Inc. P.O. Box, Building and Room Number, if any Street 7550 Chaminade Avenue City West Hills State California ZIP Code + 4 91304-5384	15.d. Amount 1,422 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

15.a. Employer Name: Morongo Band of Mission Indians	15.b. Trade Name, If any: Morongo Casino, Resort & Spa
15.c. To Whom Paid Name Miko A Penn Title Senior Labor Relations Consultant Organization The MayDay Group, Inc. P.O. Box, Building and Room Number, if any Street 7550 Chaminade Avenue City West Hills State California ZIP Code + 4 91304-5384	15.d. Amount 2,725 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

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