

# 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)

For Official Use Only

E 5/7/10

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

429715

1. File Number C- 00633

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01 / 01 / 2009

Through:

Month/Day/Year  
(mm/dd/yyyy)

12 / 31 / 2009

### 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  
Suite 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

Title Other (Specify)  
Partner

On 04 / 12 / 2010 (949) 248-0884  
Date Telephone Number

President  
(if other title, see  
instructions)

18. Signed

Title Other (Specify)  
Partner

On 04 / 12 / 2010 (818) 999-5632  
Date Telephone Number

Treasurer  
(If other title, see  
instructions)

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 Baumann & Sons Buses, Inc.		P.O. Box, Building and Room Number, if any	
Trade Name		Street	3355 Veterans Memorial Highway
Attention To Ronald Baumann		City	Ronkonkoma
Title President		State New York	ZIP Code + 4 11779
5.b. Termination Date 11/21/09		5.c. Amount 449,577	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 578,868			

**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:		(b) Salary		(c) Expenses (d) Totals			
(a) Name							
Steven A Beyer		60,499	8,535	69,034	9. Office and Administrative Expenses		0
Michael D Penn		102,660	8,514	111,174	10. Publicity		0
Alex Casillas		46,317	9,138	55,455	11. Fees for Professional Services		0
Ricardo Pasalagua		48,559	10,101	58,660	12. Loans Made		0
Edward M Echanique		41,672	9,407	51,079	13. Other Disbursements		0
8. Total disbursements to officers and employees:				455,800	14. Total Disbursements (Sum of Items 8-13)		455,800

**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:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 0
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0	

Name of Person Filing: Steven Beyer		File Number C- 00633	
<b>B. Statement of Receipts</b> 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 Community Education Centers, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 35 Fairfield Place	
Attention To: Debra Shannon		City West Caldwell	
Title General Counsel		State New Jersey ZIP Code + 4 07006	
5.b. Termination Date 9/18/2009		5.c. Amount 0	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Consolidated Container Company		P.O. Box, Bldg., Room No., if any	
Trade Name		Suite 300	
Attention To: Matthew Patterson		Street 3101 Towercreek Parkway	
Title Deputy General Counsel		City Atlanta	
		State Georgia ZIP Code + 4 30339	
5.b. Termination Date 12/15/2009		5.c. Amount 0	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer IKO Industries Ltd.		P.O. Box, Bldg., Room No., if any	
Trade Name IKO Pacific		Street 850 West Front Street	
Attention To: Greg Santi		City Sumas	
Title Director of Administration		State Washington ZIP Code + 4 98295	
5.b. Termination Date 11/13/2009		5.c. Amount 72,085	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sears Holdings Corporation		P.O. Box, Bldg., Room No., if any	
Trade Name		A3-156B-A	
Attention To: Tony Brooks		Street 3333 Beverly Road	
Title Vice President, Logistics		City Hoffman Estates	
		State Illinois ZIP Code + 4 60179	
5.b. Termination Date 6/04/2009		5.c. Amount 29,098	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer The Sofia Hotel		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 150 West Broadway	
Attention To: Andrea Winslow		City San Diego	
Title General Manager		State California ZIP Code + 4 92101	
5.b. Termination Date 12/14/2009		5.c. Amount 8,700	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer ValleyCrest Landscape Maintenance		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 24151 Ventura Boulevard	
Attention To: Raúl Díaz de León		City Calabasas	
Title Vice President, Human Resources		State California ZIP Code + 4 91302	
5.b. Termination Date 7/22/2009		5.c. Amount 19,408	

**C. Statement of Disbursements****7. Disbursements to Officers and Employers:**

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Erick J Becker	46,317	9,138	55,455
Hector Barcenias	29,969	8,097	38,066
Gerri Ransom	15,844	1,033	16,877

Reporting Organization: The Crossroads Group, Labor Relations Consultants  
File Number: C-00633  
Reporting Period Ending Date: 12/31/2009  
Additional Pages: 1 of 1

### **Additional Information:**

#### Pages 2 and 3:

- Please note that the amount in items **B. Statement of Receipts** and for ***Baumann & Sons Buses, Inc.*** and ***IKO Industries, Ltd.*** include receipts and disbursements for matters not connected with reportable labor relations advice and services according to LMRDA Section 203(b).

#### Pages 2 and 4:

- **Allocation Method:** Regarding all other 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 receipts for 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.