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

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## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188

Expires 11-30-2006



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.		
1. File Number: <b>C-</b> 00633		
Person Filing		
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name Michael D Penn	Name	
Title Partner	Title	
Organization The Crossroads Group	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza, Suite 505	Street	
City San Clemente	City	
State California ZIP Code + 4 92672	State ZIP Code + 4	
Date fiscal year ends:     5. Type of person:		
Dec / 31 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 Coo	de): 7. Date entered into: 4 / 1 · / 2016	
Name Dan Egeler	Name of person(s) through whom made:	
Organization XPO Logistics Freight, Inc.		
Trade Name, if any	Name Dan Egeler	
P.O. Box, Bidg., Room No., if any 100	Name	
Street 2211 Old Earhart Road	Name	
City Ann Arbor	Name	
State Michigan ZIP Code + 4 48105	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 Michael Dam Pan President (If other title	14. Signed MOP OUT OF STATE  Treasurer (If other title, see	
Title Other (Specify) instructions)		
Partner	Partner	
On 03/27/2017 818-999-5632	On 03/27/2017 949-248-0884	
Date Telephone Number	Date Telephone Number	

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Filer Michael Penn The Crossroads Group	File Number C- 00633	
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 with its 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:

11.c. Extent performed:

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