

FORM LM-20

AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

618446
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 Con
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 Nancy Geraghty
Organization Capstone Logistics, LLC
Trade Name, if any
P.O. Box, Bldg., Room No., if any 520
Street 6525 The Corners Parkway
City Peachtree Corners
State Georgia ZIP Code + 4 30092

7. Date entered into:

3 / 17 / 2016

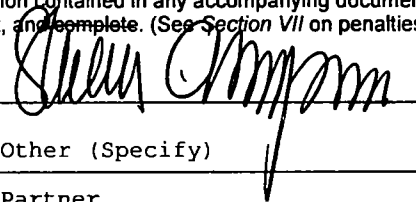
8. Name of person(s) through whom made:

Name
Name
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


Title Other (Specify)
Partner

President
(If other title, see
instructions)

14. Signed


Title Other (Specify)
Partner

Treasurer
(If other title, see
instructions)

On 3/27/2016

Date

(949) 248-0884

Telephone Number

On

04/14/16

Date

(818) 999-5632

Telephone Number

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 a 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 Section 7 rights and furnish them with information related to third-party representation.

11.b. Period during which performed:

3/23/2016 - 3/25/2016

11.c. Extent performed:

Complete

11.d. Name and address through whom performed:

Name Steven A Beyer
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

Additional Name and address through whom performed, if any:

Name
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

12.a. Identify subject groups of employees:

Freight Handlers

12.b. Identify subject labor organizations:

IBT Local 455