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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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 Street Street 63 Via Pico Plaza Street Street Stree		
2. Name and mailing address (include ZIP Code): Name Steven A Beyer Title Partner Organization The Crossroads Group Labor Relations Const P.O. Box, Bldg., Room No., if any 505 Street 63 Via Pico Plaza 3. Any other address where records necessary to verify this report are kept Name Organization Title Organization P.O. Box, Bldg., Room No., if any 505 Street Street		
Name Steven A Beyer Name Title Partner Title Organization The Crossroads Group Labor Relations Const Organization P.O. Box, Bldg., Room No., if any 505 Street 63 Via Pico Plaza Street		
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Organization The Crossroads Group Labor Relations Const P.O. Box, Bldg., Room No., if any 505 Street 63 Via Pico Plaza Street		
P.O. Box, Bldg., Room No., if any 505 P.O. Box, Bldg., Room No., if any Street 63 Via Pico Plaza Street		
Street 63 Via Pico Plaza Street		
City San Clemente City		
State California ZIP Code + 4 92672 State ZIP Code + 4		
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 Code): 7. Date entered into:		
Name Jennifer Warner % Name of name (s) through when made		
Organization Con-way Inc.		
Trade Name, if any Con-way Freight Name Jennifer Warner		
P.O. Box, Bldg., Room No., if any 100		
Street 2211 Old Earhart Road Name 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.) MICHEL PAIN WAS UNABLE TO SIGN, AS		
NUMBER OF STATES OF STATES OF STATES OF STATES		
(If other title, see (If other title, see		
Title Other (Specify) instructions) Title Other (Specify) instructions)		
Partner		
On 11/29/2014 (949) 248-0884 On (818) 999-5632		
Date Telephone Number Date Telephone Number		

Filer: Steven Beyer The Crossroads Group Labor Rela	tions Consu 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 an hourly 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 instru	ctions):	
a. Nature of activity: To assist the Emplyer'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:	11.c. Extent performed:	
11/17/2014 to present	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Steven A Beyer	Name	
Organization The Crossroads Group Labor Relations Cons	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza	Street	
City San Clemente	City	
State California ▼ ZIP Code + 4 92672	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All emplyees at the Employer's Buffalo, NY Service Center	IBT Local 449	