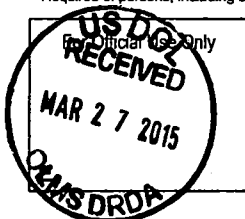


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

584176

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 / 2014		12 / 31 / 2014

<b>A. Person Filing</b>	
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	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	President (if other title, see instructions)
Title	Other (Specify) Partner
On	03 / 14 / 2015 (949) 248-0884
Date	Telephone Number
18. Signed	Treasurer (if other title, see instructions)
Title	Other (Specify) Partner
On	03 / 20 / 2015 (818) 999-5632
Date	Telephone Number

Name of Person Filing: Steven Beyer

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 Serco Inc.

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

1000

Trade Name:

Street

1818 Library Street

Attention To David

C

Goldberg

City

Reston

Title

Senio VP and General Counsel

State

Virginia

ZIP Code + 4

20190

5.b. Termination Date 03/01/2014

5.c. Amount 76,677

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 103,626

**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	45,678	5,828	51,506	9. Office and Administrative Expenses	
Michael	D	Penn	25,511	2,773	28,284	10. Publicity	
Miko	A	Penn	3,688	1,452	5,140	11. Fees for Professional Services	
Jorge		Sandoval	1,365	3,989	5,354	12. Loans Made	
Tom		Zigray	0	4,177	4,177	13. Other Disbursements	
8. Total disbursements to officers and employees:					98,097	14. Total Disbursements (Sum of Items 8-13)	98,097

**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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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: Capstone Logistics LLC		P.O. Box, Bldg., Room No., if any: 520	
Trade Name:		Street: 6525 The Corners Parkway	
Attention To: Nancy <input type="checkbox"/> Geraghty <input type="checkbox"/>		City: Peachtree Corners	
Title: Vice President of Human Resources		State: Georgia ZIP Code + 4: 30092	
5.b. Termination Date: 11/07/2014		5.c. Amount: 24,948	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: The American Bottling Company		P.O. Box, Bldg., Room No., if any: 869077	
Trade Name: 7up Bottling Co. of San Francisco		Street:	
Attention To: Mike <input type="checkbox"/> Grant <input type="checkbox"/>		City: Plano	
Title: Branch Manager		State: Texas ZIP Code + 4: 75086-9077	
5.b. Termination Date: 11/21/2013		5.c. Amount: 2,001	
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: <input type="checkbox"/> <input type="checkbox"/>		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: <input type="checkbox"/> <input type="checkbox"/>		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: <input type="checkbox"/> <input type="checkbox"/>		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: <input type="checkbox"/> <input type="checkbox"/>		City:	
Title:		State: ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount:	

### 7. Disbursements to Officers and Employers:

Page 4 of 4