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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210		<b>FORM LM-20</b> <b>AGREEMENT &amp; ACTIVITIES REPORT</b>		Form Approved Office of Management and Budget No: 1245-0003 Expires: 09/30/2021	
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 <b>E</b>		PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
1. a. File Number: <u>1003</u>		<input type="checkbox"/> Amended Report			
2. Name and mailing address (include ZIP code): Name: <u>Steven A Beyer</u> Title: <u>Partner</u> Organization: <u>THE CROSSROADS GROUP LABOR RELATION CONS</u> P.O. Box, Bldg., Room No., if any: <u>505</u> Street: <u>63 Via Pico Plaza</u> City: <u>SAN CLEMENTE</u> State: <u>CA</u> ZIP: <u>92672</u>			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: _____		
4. Date fiscal year ends: <u>Dec / 31</u>		5. Type of person <input type="checkbox"/> a. Individual <input checked="" type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify): _____			
<b>Nature of Agreement or Arrangement</b>					
6. Full name and address of employer with whom made (include ZIP Code): Name (first, middle, last): <u>Julie Yutesler</u> Organization: <u>Ferguson Enterprises, LLC</u> Trade Name, if any: _____ P.O. Box, Bldg., room No., if any: _____ Street: <u>4100 W. Marginal Way SW</u> City: <u>Seattle</u> State: <u>WA</u> ZIP: <u>98106</u>			7. Date entered into: <u>11/07/2019</u> 8. Name of person(s) through whom made: Name: <u>Julie Yutesler</u> - Additional names at the end of the report		
<b>Signature and Verification</b>					
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: <u>Steven A Beyer</u> <u>[Signature]</u> <u>Partner</u> (If other title, see instructions)		14. SIGNED: <u>Michael Dave Ram</u> <u>Partner</u> (If other title, see instructions)			
Date: <u>11/18/2019</u> Telephone Number: <u>949-248-0884</u>		Date: <u>11/21/19</u> Telephone Number: <u>(818) 999-5632</u>			

**Nature of Agreement or Arrangement (Continuation)**

9. Check the appropriate box(es) 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 by clicking the "Add Attachments" link at the top of the form.)

Written Agreement/Arrangement

Payment on a fee-for-service basis at an hourly rate of \$400, plus reasonable and customary expenses.

**Specific Activities to be performed**

11. For each activity, separately list in detail the information required (See instructions):

Activity 1

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 related to third-party representation.

11b. Period during which activities performed:

11/08 - 11/13/2019

11c. Extent performed:

Complete

11d. Name and Address of person(s) through whom activities were performed:

Name (first,middle,last) : Steven Allen Beyer

Organization: The Crossroads Group Labor Relations Consultants

P.O. Box, Bldg., Room No., if any Street

City State ZIP

505

63 Via Pico Plaza

San Cle

CA

92672

12a. Identify subject groups of employees:

Delivery drivers

12b. Identify subject labor organizations:

TEAMSTERS( LOCAL UNION 174) - 7715