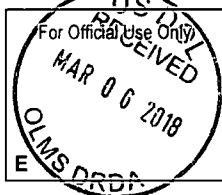


FORM LM-21

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

663818

1. File Number C- 00633	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2017		12 / 31 / 2017

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Michael D Penn Title Partner Organization The Crossroads Group Labor Relations Con P.O. Box, Building and Room Number, if any Street 63 Via Pico Plaza, Suite 505 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 <u>Michael Dana Penn</u> President (if other title, see instructions) Title Other (Specify) Partner On <u>02 / 05 / 2018</u> (818) 999-5632 Date Telephone Number	18. Signed <u>[Signature]</u> Treasurer (If other title, see instructions) Title Other (Specify) Partner On <u>2/16/2018</u> (949) 248-0884 Date Telephone Number
---	--

Name of Person Filing: Michael Penn	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 Capstone Logistics, LLC	P.O. Box, Building and Room Number, if any
Trade Name	Street 6525 The Corners Parkway, Ste. 520
Attention To Josh Hiatt	City Peachtree Corners
Title Vice President, Operations	State Georgia ZIP Code + 4 30092
5.b. Termination Date 08/15/2017	5.c. Amount 72,952
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 454,494	

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	141,997	15,948	157,945	9. Office and Administrative Expenses	
Michael D Penn	135,435	14,325	149,760	10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			307,705	14. Total Disbursements (Sum of Items 8-13)	307,705

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:	
Stern Produce Co., Inc.	Stern Produce	
15.c. To Whom Paid	15.d. Amount 5,504	
Name Ricardo Pasalagua	15.e. Purpose	
Title	To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation	
Organization Labor Relations Specialist, LLC		
P.O. Box, Building and Room Number, if any		
Street 3941 E. 63rd Street South		
City Derby		
State Kansas ZIP Code + 4 67037		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 60,976		

Name of Person Filing: Michael Penn	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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer WB Mason</p> <p>Trade Name</p> <p>Attention To: Scott Wilbur</p> <p>Title Director of Operations</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 647 Summer Street</p> <p>City Boston</p> <p>State Massachusetts</p> <p>ZIP Code + 4 02210</p>
5.b. Termination Date 07/28/2017	5.c. Amount 59,586

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Interstate Hotels & Resorts</p> <p>Trade Name Ann Arbor Ypsilanti Marriott</p> <p>Attention To: Tom Lamb</p> <p>Title General Manager</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1275 S. Huron Street</p> <p>City Ypsilanti</p> <p>State Michigan</p> <p>ZIP Code + 4 48197</p>
5.b. Termination Date 12/13/2016	5.c. Amount 24,916

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Vitamin Cottage Natural Food Market</p> <p>Trade Name Natural Grocers</p> <p>Attention To: Heidi Hayward</p> <p>Title Vice President of Human Resources</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 12612 W. Alameda Parkway</p> <p>City Lakewood</p> <p>State Colorado</p> <p>ZIP Code + 4 80228</p>
5.b. Termination Date 12/16/2016	5.c. Amount 12,226

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Interstate Hotels & Resorts</p> <p>Trade Name Westin Long Beach Hotel</p> <p>Attention To: Ken Pilgrim</p> <p>Title General Manager</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 333 East Ocean Blvd.</p> <p>City Long Beach</p> <p>State California</p> <p>ZIP Code + 4 92802</p>
5.b. Termination Date 10/27/2016	5.c. Amount 1,735

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Pechanga Development Corporation</p> <p>Trade Name Pechanga Resort & Casino</p> <p>Attention To: Shannon Weidauer</p> <p>Title Director of HR Operations</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>PO Box 9041</p> <p>Street 45000 Pechanga Parkway</p> <p>City Temecula</p> <p>State California</p> <p>ZIP Code + 4 92589-9041</p>
5.b. Termination Date 10/30/2017	5.c. Amount 35,471

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer XPO Logistics Freight, Inc.</p> <p>Trade Name</p> <p>Attention To: Dan Egeler</p> <p>Title Senior Director Labor & Employment</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2211 Old Earhart Road, Suite 100</p> <p>City Ann Arbor</p> <p>State Michigan</p> <p>ZIP Code + 4 48105</p>
5.b. Termination Date 04/15/2017	5.c. Amount 42,699

Name of Person Filing: Michael Penn	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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Central Processing Corporation</p> <p>Trade Name County Materials Corporation</p> <p>Attention To: Kerry Bartol</p> <p>Title Vice President Risk Management</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 205 North Street</p> <p>City Marathon</p> <p>State Wisconsin ZIP Code + 4 54448</p>
5.b. Termination Date 07/21/2017	5.c. Amount 27,182

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Republic Services</p> <p>Trade Name</p> <p>Attention To: Robert T Coyle</p> <p>Title Vice President of Labor Relations</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 18500 N. Allied Way</p> <p>City Phoenix</p> <p>State Arizona ZIP Code + 4 85054</p>
5.b. Termination Date 10/05/2017	5.c. Amount 59,918

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Stern Produce Co., Inc.</p> <p>Trade Name Stern Produce</p> <p>Attention To: Scott Bland</p> <p>Title COO</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3200 S. 7th Street</p> <p>City Phoenix</p> <p>State Arizona ZIP Code + 4 85040</p>
5.b. Termination Date 02/10/2017	5.c. Amount 10,163

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer The AZ Alignment Group</p> <p>Trade Name</p> <p>Attention To: Gabrielle Shore</p> <p>Title Principal</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Suite 103-114</p> <p>Street 6501 E. Greenway Parkway</p> <p>City Scottsdale</p> <p>State Arizona ZIP Code + 4 85254</p>
5.b. Termination Date 03/18/2017	5.c. Amount 11,823

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Level 3 Communications</p> <p>Trade Name</p> <p>Attention To: Ryan McManis</p> <p>Title VP & Assistant General Counsel</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1025 Eldorado Blvd.</p> <p>City Broomfield</p> <p>State Colorado ZIP Code + 4 80021</p>
5.b. Termination Date 10/14/2017	5.c. Amount 76,023

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer LafargeHolcim North America Inc.</p> <p>Trade Name Aggregate Industries</p> <p>Attention To: Terri L Collins</p> <p>Title Regional Human Resources Manager</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6401 Golden Triangle Dr., Ste. 400</p> <p>City Greenbelt</p> <p>State Maryland ZIP Code + 4 20770</p>
5.b. Termination Date 10/25/2017	5.c. Amount 9,840

Name of Person Filing: Michael Penn	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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer AT&T California</p> <p>Trade Name DIRECTTV Enterprises, LLC</p> <p>Attention To: Marylou Karp</p> <p>Title Assistant VP & Senior Legal Counsel</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 430 Bush Street, 5th Floor</p> <p>City San Francisco</p> <p>State California ZIP Code + 4 94108</p>
5.b. Termination Date 11/15/2017	5.c. Amount 9,960

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

Name of Person Filing: Michael Penn	File Number C- 00633
-------------------------------------	----------------------

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: Pechanga Development Corporation	15.b. Trade Name, If any: Pechanga Resort & Casino
15.c. To Whom Paid Name Jill Beyer Title Organization Connections Resources Group, Inc. P.O. Box, Building and Room Number, if any Street 86 Marbella City San Clemente State California ZIP Code + 4 92673	15.d. Amount 806 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

15.a. Employer Name: Capstone Logistics, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Miko A Penn Title Senior Labor Relations Consultant Organization The MayDay Group, Inc. P.O. Box, Building and Room Number, if any Street 7550 Chaminade Avenue City West Hills State California ZIP Code + 4 91304-5384	15.d. Amount 4,414 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

15.a. Employer Name: WB Mason	15.b. Trade Name, If any:
15.c. To Whom Paid Name Miko A Penn Title Senior Labor Relations Consultant Organization The MayDay Group, Inc. P.O. Box, Building and Room Number, if any Street 7550 Chaminade Avenue City West Hills State California ZIP Code + 4 91304-5384	15.d. Amount 21,232 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

Name of Person Filing: Michael Penn

File Number C- 00633

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: Vitamin Cottage Natural Food Market	15.b. Trade Name, If any: Natural Grocers
15.c. To Whom Paid Name Miko A Penn Title Senior Labor Relations Consultant Organization The MayDay Group, Inc. P.O. Box, Building and Room Number, if any Street 7550 Chaminade Avenue City West Hills State California ZIP Code + 4 91304-5384	15.d. Amount 8,469 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

15.a. Employer Name: Interstate Hotels & Resorts	15.b. Trade Name, If any: Ann Arbor Ypsilanti Marriott
15.c. To Whom Paid Name Miko A Penn Title Senior Labor Relations Consultant Organization The MayDay Group, Inc. P.O. Box, Building and Room Number, if any Street 7550 Chaminade Avenue City West Hills State California ZIP Code + 4 91304-5384	15.d. Amount 1,389 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

15.a. Employer Name: Stern Produce Co., Inc.	15.b. Trade Name, If any: Stern Produce
15.c. To Whom Paid Name Miko A Penn Title Senior Labor Relations Consultant Organization The MayDay Group, Inc. P.O. Box, Building and Room Number, if any Street 7550 Chaminade Avenue City West Hills State California ZIP Code + 4 91304-5384	15.d. Amount 1,567 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

Name of Person Filing: Michael Penn

File Number C- 00633

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: Pechanga Development Corporation	15.b. Trade Name, if any: Pechanga Resort & Casino
15.c. To Whom Paid Name Jennifer French Title Labor Relations Consultant Organization P.O. Box, Building and Room Number, if any Street 130 Robinson Avenue, Unit B City San Diego State California ZIP Code + 4 92103	15.d. Amount 16,655 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

15.a. Employer Name: Pechanga Development Corporation	15.b. Trade Name, if any: Pechanga Resort & Casino
15.c. To Whom Paid Name David S Gray Title Labor Relations Consultant Organization P.O. Box, Building and Room Number, if any Street 26701 Quail Creek #274 City Laguna Hills State California ZIP Code + 4 52656	15.d. Amount 940 15.e. Purpose To assist the employer's communication efforts to advise employees of their Section 7 rights and furnish them with information regarding third-party representation

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose