

For Official Use Only

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)

629991

1. File Number: 00633

2. Name and mailing address (include ZIP Code):

Name Michael D Penn
Title Partner
Organization The Crossroads Group
P.O. Box, Bldg., Room No., if any
Street 63 Via Pico Plaza, Suite 505
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):

6. Full name and address of employer with whom made (include ZIP Code):

Name Chris Meehan
Organization WB Mason
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 59 Centre Street
City Brockton
State Massachusetts ZIP Code + 4 02303

7. Date entered into:

11 / 10 / 2016

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

Name Chris Meehan
Name
Name
Name
Name

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 instructions.)

13. Signed Michael Dana Penn

President
(If other title, see
instructions)

Title Other (Specify)

Partner

On 11/27/2016 818-999-5632

Date

Telephone Number

14. Signed [Signature]

Treasurer
(If other title, see
instructions)

Title Other (Specify)

Partner

On 12/3/2016 949-248-0884

Date

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 the hourly rate of \$350.00 plus reasonable and customary expenses

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

a. Nature of activity:

To assist the Employer in advising employees of their Section 7 rights and to furnish them with information regarding third-party representation

11.b. Period during which performed:

11/14 - 11/16/2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Michael D Penn

Organization The Crossroads Group

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

Street 63 Via Pico Plaza, Suite 505

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:

All supply drivers, furniture drivers, and warehouse workers at the Employer's facility in Columbia, MD 21046

12.b. Identify subject labor organizations:

IBT