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. 1215-0188 Expires 11-30-2006



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.

1. File Number: C- 00633	
Person Filing	
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Michael D Penn	Name
Title Partner	Title
Organization The Crossroads Group	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 63 Via Pico Plaza, Suite 505	Street
City San Clemente	City
State California ZIP Code + 4 92672	State ZIP Code + 4
Date fiscal year ends: 5. Type of person:	
Dec / 31 a Individual b. Partnership	c. Corporation d. Other (Specify):
<u> </u>	
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 10 / 31 / 2014
Name Jennifer Warner	,
Organization Con-way Inc.	8. Name of person(s) through whom made:
Trade Name, if any Con-way Freight	Name Jennifer Warner
P.O. Box, Bldg., Room No., if any	Name Thomas W Clark
Street 2211 Old Earhart Road, Suite 100	Name Dan Egeler
City Ann Arbor	Name Bruce Moss
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.) STEVEN A. BEYER	
13. Signed Michael Dane Penn President (If other title, see	14. Signed (TRANELLING - OUT OF STATE) Treasurer (If other title, see
Title Other (Specify) instructions)	Title Other (Specify) instructions)
Partner	Partner
On 11/29/2014 818-999-5632	On 11/29/14 949-248-0884
Date Telephone Number	Date Telephone Number

Filer: Michael Penn The Crossroads Group	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 the hourly rate of \$325.00 plus reasonable and customary		
expenses		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity:		
To assist the Employer'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 - 11/19/14	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Jorge V Sandoval	Name	
Organization The Crossroads Group	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 63 Via Pico Plaza, Suite 505	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 employees at the Employer's Birmingham, AL facility	ІВТ	