

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 08-31-2016

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

619833

1. File Number C-00633

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01/01/2015

Through:

Month/Day/Year  
(mm/dd/yyyy)

12/31/2015

### A. Person Filing

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

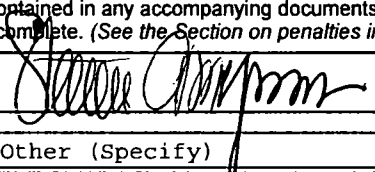
Name Steven A Beyer  
Title Partner  
Organization The Crossroads Group Labor Relations Con  
P.O. Box, Building and Room Number, if any  
505  
Street 63 Via Pico PLaza  
City San Clemente  
State California ZIP Code + 4 92672

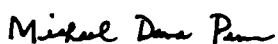
4. Any other address where records necessary to verify this report are kept:

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 03/08/2016 (949) 248-0884  
Date Telephone Number

18. Signed  Treasurer  
(If other title, see instructions)  
Title Other (Specify) Partner  
On 03/11/2016 (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:

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

Employer Conway, Inc.

Trade Name Conway Freight

Street

Attention To Stephen K Krull

City

Title EVP, General Counsel &amp; Secretary

State

ZIP Code + 4

5.b. Termination Date 10/01/2015

5.c. Amount 483,365

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 785,472

**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	135,041	17,681	152,722	9. Office and Administrative Expenses	
Michael	D	Penn	135,787	16,134	151,921	10. Publicity	
						11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	
8. Total disbursements to officers and employees:					304,643	14. Total Disbursements (Sum of Items 8-13)	304,643

**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:

Conway, Inc.

15.b. Trade Name, If any:

Conway Freight

15.c. To Whom Paid

Name Miko A Penn

Title

Organization

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

Street 1214 E. Zenith Avenue

City Salt Lake City

State Utah ZIP Code + 4 84106

15.d. Amount 73,326

15.e. Purpose

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.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 275,930

**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:

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

Employer Serco Inc.

1000

Trade Name

Street 1818 Library Street

Attention To: David

C

Goldberg

City Reston

Title Senior VP &amp; General Counsel

State Virginia

ZIP Code + 4 20190

5.b. Termination Date 5/05/2015

5.c. Amount 68,644

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

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

Employer Consolidated Container Company

300

Trade Name

Street 3101 Towercreek Parkway

Attention To: Matthew

Patterson

City Atlanta

Title VP &amp; Deputy General Counsel

State Georgia

ZIP Code + 4 30339

5.b. Termination Date 6/06/2015

5.c. Amount 10,740

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

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

Employer Interstate Hotels &amp; Resorts

Trade Name Westin Long Beach

Street 333 East Ocean Boulevard

Attention To: Kenn

Pilgrim

City Long Beach

Title General Manager

State California

ZIP Code + 4 90802

5.b. Termination Date 7/01/2015

5.c. Amount 10,056

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

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

Employer Vitamin Cottage Natural Food Markets, Inc.

Trade Name Natural Grocers

Street 12612 W. Alameda Parkway

Attention To: Heidi

Heyward

City Lakewood

Title Vice President of Human Resources

State Colorado

ZIP Code + 4 80228

5.b. Termination Date 9/30/2015

5.c. Amount 18,905

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

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

Employer Adecco Group, NA

Building 200; Suite 400

Trade Name

Street 10151 Deerwood Park Boulevard

Attention To: Jeff

Watson

City Jacksonville

Title Deputy General Counsel

State Florida

ZIP Code + 4 32256

5.b. Termination Date

5.c. Amount 18,239

## 5.a. Name and Address of Employer (including trade name, if any).

## Mailing Address:

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

Employer WB Mason

Trade Name

Street 647 Summer Street

Attention To: Joel

K

Burkowsky

City Boston

Title Vice President Human Resources

State Massachusetts

ZIP Code + 4 02210

5.b. Termination Date

5.c. Amount 9,778

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:

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

Employer JAM Productions, LTD

Trade Name

Street 207 W. Goethe

Attention To: Jerry Mickelson

City Chicago

Title Executive Vice President

State Illinois

ZIP Code + 4 60610

5.b. Termination Date

5.c. Amount 13,307

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

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

Employer Stern Produce Company, Inc.

Trade Name

Street 3200 South 7th Street

Attention To: Tina Leese

City Phoenix

Title

State Arizona

ZIP Code + 4 85040

5.b. Termination Date

5.c. Amount 73,729

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

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

Employer Toray Composites(America)

Trade Name

Street 19002 50th Avenue E

Attention To: Andrea Lucky

City Tacoma

Title Director, Human Resources

State Washington

ZIP Code + 4 98446

5.b. Termination Date 11/21/2015

5.c. Amount 46,557

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

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

Employer The AZ Alignment Group

Trade Name

Street 6501 E. Greenway Parkway

Attention To: Gabrielle Shore

City Scottsdale

Title President

State Arizona

ZIP Code + 4 85354

5.b. Termination Date 10/03/2015

5.c. Amount 26,148

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

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

Employer Labor Relations Specialist, LLC

Trade Name

Street 3941 E. 63rd Street South

Attention To: Colleen Williams

City Derby

Title

State Kansas

ZIP Code + 4 67037

5.b. Termination Date 11/14/2015

5.c. Amount 6,004

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

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

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

**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: Conway, Inc.	15.b. Trade Name, If any: Conway Freight
15.c. To Whom Paid Name Ricardo Pasalagua Title 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	15.d. Amount 44,589  15.e. Purpose 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.

15.a. Employer Name: Conway, Inc.	15.b. Trade Name, If any: Conway Freight
15.c. To Whom Paid Name Jorge Sandoval Title Organization Presidius Enterprises, Inc.  P.O. Box, Building and Room Number, if any  Street 2337 Valley View Drive City Los Angeles State California ZIP Code + 4 90026	15.d. Amount 25,474  15.e. Purpose 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.

15.a. Employer Name: Conway, Inc.	15.b. Trade Name, If any: Conway Freight
15.c. To Whom Paid Name Tom Zigray Title Organization Informed Choices Education, Inc. P.O. Box, Building and Room Number, if any 103-114 Street 6501 E. Greenway Parkway City Scottsdale State Arizona ZIP Code + 4 85254	15.d. Amount 23,557  15.e. Purpose 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.

**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.

<b>15.a. Employer Name:</b> Serco inc.	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Miko A Penn Title Organization  P.O. Box, Building and Room Number, if any Street 1214 E. Zenith Ave. City Salt Lake City State Utah ZIP Code + 4 84106	<b>15.d. Amount</b> 14,328  <b>15.e. Purpose</b> 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.

<b>15.a. Employer Name:</b> Interstate Hotels & Resorts	<b>15.b. Trade Name, If any:</b> Westin Long Beach
<b>15.c. To Whom Paid</b> Name Jorge Sandoval Title Organization Presidius Enterprises, Inc.  P.O. Box, Building and Room Number, if any Street 2337 Valley View Drive City Los Angeles State California ZIP Code + 4 90026	<b>15.d. Amount</b> 3,192  <b>15.e. Purpose</b> 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.

<b>15.a. Employer Name:</b> Adecco Group, NA	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Miko A Penn Title Senior Consultant Organization The May Day 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	<b>15.d. Amount</b> 10,656  <b>15.e. Purpose</b> 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.

**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: Stern Produce Company, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Miko A Penn Title Senior Consultant Organization The May Day 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 22,220  15.e. Purpose 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.

15.a. Employer Name: Stern Produce Company, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Ricardo Pasalagua Title 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	15.d. Amount 22,574  15.e. Purpose 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.

15.a. Employer Name: Tradebe Environmental Services LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name Terrin Becker Title Organization Employer Consulting Services, Inc. P.O. Box, Building and Room Number, if any  Street 1235 Riverview Drive City Fallbrook State California ZIP Code + 4 92028	15.d. Amount 19,256  15.e. Purpose 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.

**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.

<b>15.a. Employer Name:</b> Toray Composites (America)	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> Name Terrin Becker Title Organization Employer Consulting Services, Inc.  P.O. Box, Building and Room Number, if any  Street 1235 Riverview Drive City Fallbrook State California ZIP Code + 4 92028	<b>15.d. Amount</b> 9,643  <b>15.e. Purpose</b> 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.

<b>15.a. Employer Name:</b> Toray Composites (America)	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> Name David S Gray Title Organization  P.O. Box, Building and Room Number, if any  Street 26701 Quail Creek City Laguna Hills State California ZIP Code + 4 92656-3063	<b>15.d. Amount</b> 7,115  <b>15.e. Purpose</b> 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.

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