

# 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

645073

1. File Number C- 00633	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2016	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2016
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<b>A. Person Filing</b>	
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> Title Other (Specify) Partner On <u>03 / 23 / 2017</u> (818) 999-5632 Date Telephone Number	President (if other title, see instructions)	18. Signed <u>[Signature]</u> Title Other (Specify) Partner On <u>3 / 25 / 2017</u> (949) 248-0884 Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Michael Penn	File Number C- 00633
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Allied Concessions Group, Inc. Trade Name OrganaLabs Attention To Jeremy Heidl Title COO	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street 1058 Delaware St. City Denver State Colorado ZIP Code + 4 80204
<b>5.b. Termination Date</b> 07/28/2016	<b>5.c. Amount</b> 19,087
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 838,768	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.						
<b>7. Disbursements to Officers and Employees:</b>						
(a) Name	(b) Salary	(c) Expenses	(d) Totals			
Steven A Beyer	168,243	15,337	183,580	9. Office and Administrative Expenses		
Michael D Penn	160,127	11,688	171,815	10. Publicity		
				11. Fees for Professional Services		
				12. Loans Made		
				13. Other Disbursements		
<b>8. Total disbursements to officers and employees:</b>				355,395	<b>14. Total Disbursements (Sum of Items 8-13)</b> 355,395	

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b> Capstone Logistics, LLC		<b>15.b. Trade Name, If any:</b> Capstone Logistics
<b>15.c. To Whom Paid</b>		<b>15.d. Amount</b> 9,180
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		<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>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b> 269,555		

Name of Person Filing: Michael Penn		File Number C-00633	
<b>B. Statement of Receipts</b> 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).  Employer Capstone Logistics, LLC Trade Name Capstone Logistics Attention To: Sally Matteson Title Director of People Operations		Mailing Address: P.O. Box, Bldg., Room No., if any  Street 6525 The Corners Parkway, Suite 520 City Peachtree Corners State Georgia ZIP Code + 4 30092	
5.b. Termination Date 04/19/2016		5.c. Amount 30,489	
5.a. Name and Address of Employer (including trade name, if any).  Employer Dr. Pepper Snapple Group Operating Co. Trade Name DPSG / American Bottling Co. Attention To: David Timms Title Director of Labor Relations		Mailing Address: P.O. Box, Bldg., Room No., if any  Street 5301 Legacy Drive City Plano State Texas ZIP Code + 4 75024	
5.b. Termination Date 09/15/2016		5.c. Amount 72,906	
5.a. Name and Address of Employer (including trade name, if any).  Employer Forward Air, Inc. Trade Name Forward Air Attention To: Michael L Hance Title Sr. VP, Chief Legal Officer & Sec.		Mailing Address: P.O. Box, Bldg., Room No., if any  Street 430 Airport Road City Greeneville State Tennessee ZIP Code + 4 37745	
5.b. Termination Date 03/05/2016		5.c. Amount 67,370	
5.a. Name and Address of Employer (including trade name, if any).  Employer Interstate Hotels & Resorts Trade Name Ann Arbor Marriott Ypsilanti Attention To: Vivian Clarke Title Corporate Director, HR		Mailing Address: P.O. Box, Bldg., Room No., if any  Street 3424 Peachtree Road NE City Atlanta State Georgia ZIP Code + 4 30326	
5.b. Termination Date 12/13/2016		5.c. Amount 0	
5.a. Name and Address of Employer (including trade name, if any).  Employer Morongo Casino Resort & Spa Trade Name Morongo Casino Resort & Spa Attention To: Steve Garwood Title CFO		Mailing Address: P.O. Box, Bldg., Room No., if any  Street 49500 Seminole Drive City Cabazon State California ZIP Code + 4 92230	
5.b. Termination Date 09/29/2016		5.c. Amount 90,593	
5.a. Name and Address of Employer (including trade name, if any).  Employer Jam Productions, LTD Trade Name Jam Productions Attention To: Elaine Roombos Title		Mailing Address: P.O. Box, Bldg., Room No., if any  Street 207 West Goethe City Chicago State Illinois ZIP Code + 4 60610	
5.b. Termination Date 05/15/2016		5.c. Amount 11,311	

Name of Person Filing: Michael Penn	File Number C- 00633
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
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<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer WB Mason Trade Name WB Mason Attention To: Laura Sullivan Title HR Project Manager	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street Summer Street City Boston State Massachusetts ZIP Code + 4 02210
5.b. Termination Date 05/08/2016	5.c. Amount 56,942

  

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Tradebe Environmental Services, LLC Trade Name Attention To: Sharon Tylus Title Director of Human Resources	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 1433 East 83rd Avenue, Suite 200 City Merrillville State Indiana ZIP Code + 4 46410
5.b. Termination Date 10/02/2015	5.c. Amount 27,311

  

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer IKO Trade Name IKO Attention To: Sandra Fusman Title HR/Safety	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 850 West Front Street City Sumas State Washington ZIP Code + 4 98259-9634
5.b. Termination Date 01/22/2016	5.c. Amount 10,150

  

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Stern Produce Co., Inc. Trade Name Stern Produce Attention To: Scott Bland Title COO	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 3200 S. 7th Street City Phoenix State Arizona ZIP Code + 4 85040
5.b. Termination Date 09/03/2016	5.c. Amount 52,469

  

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer XPO Logistics Freight Trade Name XPO Attention To: Dan Egeler Title Sr. Dir. Labor & Employment, Ass GC	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 2211 Old Earhart Road, Suite 100 City Ann Arbor State Michigan ZIP Code + 4 48105
5.b. Termination Date 09/22/2016	5.c. Amount 133,170

  

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Water Mill Building Supply Trade Name Water Mill Building Supply Attention To: Jason Libnitzky Title President	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 1110 Montauk Highway City Water Mill State New York ZIP Code + 4 11976
5.b. Termination Date 02/05/2016	5.c. Amount 35,364

Name of Person Filing: Michael Penn	File Number C- 00633
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**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 Vanderlande Industries, Inc.</p> <p>Trade Name Vanderlande Industries</p> <p>Attention To: Russ Owens</p> <p>Title General Counsel</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1975 West Oak Circle</p> <p>City Marietta</p> <p>State Georgia</p> <p>ZIP Code + 4 30062</p>
5.b. Termination Date 04/16/2016	5.c. Amount 7,257

  

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Nova Bus</p> <p>Trade Name Nova Bus</p> <p>Attention To: Jason Martin</p> <p>Title Plant Manager</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 260 Banker Road</p> <p>City Plattsburgh</p> <p>State New York</p> <p>ZIP Code + 4 12901</p>
5.b. Termination Date 06/13/2016	5.c. Amount 72,675

  

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Pechanga Resort &amp; Casino</p> <p>Trade Name Pechanga</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 Pala Road</p> <p>City Temecula</p> <p>State California</p> <p>ZIP Code + 4 92589-9041</p>
5.b. Termination Date 10/31/2016	5.c. Amount 104,663

  

<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 11/17/2016	5.c. Amount 37,889

  

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Labor Relations Specialist, LLC</p> <p>Trade Name (for Station Casinos)</p> <p>Attention To: Ricardo Pasalagua</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3941 E. 63rd Street South</p> <p>City Derby</p> <p>State Kansas</p> <p>ZIP Code + 4 67037</p>
5.b. Termination Date 09/28/2016	5.c. Amount 9,122

  

<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</p> <p>ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

Name of Person Filing: Michael Penn	File Number C- 00633
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<b>D. Schedule of Disbursements for Reportable Activity</b>	Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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<b>15.a. Employer Name:</b> Stern Produce Co., Inc.	<b>15.b. Trade Name, If any:</b> Stern Produce
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 32,994  <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> Stern Produce Co., Inc.	<b>15.b. Trade Name, If any:</b> Stern Produce
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 3,318  <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> Forward Air, Inc.	<b>15.b. Trade Name, If any:</b> Forward Air
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 21,980  <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

Name of Person Filing: Michael Penn	File Number C- 00633
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<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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<b>15.a. Employer Name:</b> Water Mill Building Supply	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 24,204 <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> XPO Logistics Freight	<b>15.b. Trade Name, If any:</b> XPO
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 47,811 <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> Morongo Casino Resort & Spa	<b>15.b. Trade Name, If any:</b> Morongo
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 24,473 <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

Name of Person Filing: Michael Penn	File Number C- 00633
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**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> Morongo Casino Resort & Spa	<b>15.b. Trade Name, If any:</b> Morongo
<b>15.c. To Whom Paid</b> Name Jennifer French Title Organization  P.O. Box, Building and Room Number, if any Unit B Street 130 Robinson Avenue City San Diego State California ZIP Code + 4 92103	<b>15.d. Amount</b> 1,629  <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> Nova Bus	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 29,011  <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> Dr. Pepper Snapple Group Operating Co.	<b>15.b. Trade Name, If any:</b> DPSG / American Bottling Co.
<b>15.c. To Whom Paid</b> 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 Massachusetts ZIP Code + 4 91304-5384	<b>15.d. Amount</b> 25,011  <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



Name of Person Filing: Michael Penn	File Number C- 00633
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<b>D. Schedule of Disbursements for Reportable Activity</b>	Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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<b>15.a. Employer Name:</b> Dr. Pepper Snapple Group Operating Co.	<b>15.b. Trade Name, If any:</b> DPSG / American Bottling Co.
<b>15.c. To Whom Paid</b> Name Jennifer French Title Organization P.O. Box, Building and Room Number, if any Unit B Street 130 Robinson Avenue City San Diego State California ZIP Code + 4 92103	<b>15.d. Amount</b> 12,866 <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> Vitamin Cottage Natural Food Stores	<b>15.b. Trade Name, If any:</b> Natural Grocers
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 25,771 <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> Ann Arbor Marriott Ypsilanti
<b>15.c. To Whom Paid</b> Name Jennifer French Title Organization P.O. Box, Building and Room Number, if any Unit B Street 130 Robinson Avenue City San Diego State California ZIP Code + 4 92103	<b>15.d. Amount</b> 6,544 <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

Name of Person Filing: Michael Penn	File Number C- 00633
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<b>D. Schedule of Disbursements for Reportable Activity</b>	Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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15.a. Employer Name: Labor Relations Specialist, LLC	15.b. Trade Name, If any: (for Station Casinos)
15.c. To Whom Paid Name Jennifer French Title Organization  P.O. Box, Building and Room Number, if any Unit B Street 130 Robinson Avenue City San Diego State California ZIP Code + 4 92103	15.d. Amount 4,763  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:	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

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