

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)

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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. <input type="checkbox"/> Individual b. <input checked="" type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> 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 / 4 / 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 [redacted] 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 12/2/2016 949-248-0884
Date Telephone Number

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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:

11/07-11/11/2016 and 11/17-11/18/16

11.c. Extent performed:

Ongoing

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 at the Employer's facility at
647 Summer Street in Boston, MA

12.b. Identify subject labor organizations:

IBT Local 25