

FORM LM-20 - AGREEMENT & ACTIVITIES REPORT

Office of Labor-Management
Standards
U.S. Department of Labor

OLMS

OMB No. 1245-0003 . Expires 09-30-2021 .

IMPORTANT: 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).

For Official Use Only

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▶ Read the instructions carefully before completing this report. ◀

1.a. File Number: C- 633		Amended: <input type="checkbox"/>	
2. Name and mailing address (including Zip Code): Name: Steven A Beyer Title: Partner Organization: THE CROSSROADS GROUP LABOR RELATION P.O. Box., Bldg., Room No., if any: 505 Street: 63 Via Pico Plaza City: SAN CLEMENTE State: CA ZIP code: 92672		3. 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. 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:	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name: Mark Radoff Organization: Sycuan Casino Resort Trade Name, if any: P.O. Box., Bldg., Room No., if any: 2 Kwaaypaay Court Street: City: El Cajon State: CA ZIP code: 92019	7. Date entered into 01/21/2020 8. Name of person(s) through whom made: Name: Mark Radoff

Signature and Verification

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.)

13. SIGNED: Steven A Beyer
Title: PRESIDENT
Date: Feb 20, 2020
Telephone Number: 949-248-0884

14. SIGNED: Michael D Penn
Title: TREASURER
Date: Feb 20, 2020
Telephone Number: 818-999-5632

9. Check the appropriate box(es) 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.):

Written Agreement/Arrangement
 Payment on a fee-for-service basis at an hourly rate of \$400.00, plus reasonable and customary expenses.

Specific Activities to be performed

Activity 1

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

a. Nature of activity: To assist the employer with its communications efforts to advise employees of their Section 7 rights and furnish them with information related to third-party representation.

<p>11.b. Period during which activities performed: Began 01/27/2020</p>	<p>11.c. Extent of performance: Ongoing</p>
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11.d. Name and address of person(s) through whom activities were performed or will be performed:
Name: Steven Allen Beyer **Organization:** THE CROSSROADS GROUP LABOR RELATION CONS
P.O. Box, Bldg., Room No., If any: 505 **Street:** 63 Via Pico Plaza **City:** SAN CLEMENTE **State:** CA **Zip:** 92672

11.d. Name and address of person(s) through whom activities were performed or will be performed:
Name: Michael Dana Penn **Organization:** THE CROSSROADS GROUP LABOR RELATION CONS
P.O. Box, Bldg., Room No., If any: 505 **Street:** 63 Via Pico Plaza **City:** SAN CLEMENTE **State:** CA **Zip:** 92672

12.a. Identify subject groups of employees:
 All Casino and Resort employees.

12.b. Identify subject labor organizations:
 UNITE HERE(LOCAL UNION 30) - 506655

FORM LM-21 - RECEIPTS & DISBURSEMENTS REPORT

Office of Labor-Management
Standards **OLMS**
U.S. Department of Labor

OMB No. 1245-0003 . Expires 09-30-2021 .

IMPORTANT: 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).

For Official Use Only

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► Read the instructions carefully before completing this report. ◀

1. File Number: C- 633 **2. Period Covered by this report From: 01/01/2020 Through: 12/31/2020**

A. Person Filing

3. Name and mailing address (including Zip Code):

Name: Michael Dana Penn

Title: Partner

Organization: THE CROSSROADS GROUP LABOR RELATION C

P.O. Box., Bldg., Room No., if any: 505

Street: 63 Via Pico Plaza

City: SAN CLEMENTE **State:** CA

ZIP code: 92672

4. 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:

Signature and Verification

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.)

17. SIGNED: Michael D Penn

Title: PRESIDENT

Date: Mar 07, 2021

Telephone Number: 818-999-5632

18. SIGNED: Steven A Beyer

Title: TREASURER

Date: Mar 09, 2021

Telephone Number: 949-248-0884

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).

Employer: Capstone Logistics, LLC
Trade Name:
Name: Dave Charron
Title: Sr. VP of Operations

Mailing Address:

P.O. Box., Bldg., Room No., if any: Suite 520
Street: 6525 The Corners Parkway
City: Peachtree Corners **State:** GA
ZIP code: 30092

5.b. Termination Date: 12/21/2019 **5.c. Amount:** \$1,961 **Non-Cash Payment:**

Type of Payment: Checks

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

Employer: Arden Post Acute Rehab
Trade Name:
Name: Michael Stanton
Title: Administrator

Mailing Address:

P.O. Box., Bldg., Room No., if any:
Street: 3400 Alta Arden Expressway
City: Sacramento **State:** CA
ZIP code: 95825

5.b. Termination Date: 04/11/2019 **5.c. Amount:** \$11,383 **Non-Cash Payment:**

Type of Payment: Checks

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

Employer: Stoel Rives, LLP
Trade Name: Columbia Sportswear Company
Name: John Dudrey
Title: Of Counsel

Mailing Address:

P.O. Box., Bldg., Room No., if any: Suite 3000
Street: 706 SW Ninth Avenue
City: Portland **State:** OR
ZIP code: 97205

5.b. Termination Date: 02/19/2020 **5.c. Amount:** \$25,154 **Non-Cash Payment:**

Type of Payment: Checks

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

Employer: Abatin Wellness Center
Trade Name:
Name: Aundre Speciale
Title: Director

Mailing Address:

P.O. Box., Bldg., Room No., if any:
Street: 2100 29th Street
City: Sacramento **State:** CA
ZIP code: 95817

5.b. Termination Date: 07/05/2019 **5.c. Amount:** \$3,294 **Non-Cash Payment:**

Type of Payment: Checks

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

Employer: Day & Zimmermann
Trade Name: The Atlantic Group (DZ Atlantic)
Name: Scott Fast
Title: General Counsel, ECM

Mailing Address:

P.O. Box., Bldg., Room No., if any:
Street: 1500 Spring Garden Street
City: Philadelphia **State:** PA
ZIP code: 19130

5.b. Termination Date: 04/17/2020 **5.c. Amount:** \$34,873 **Non-Cash Payment:**

Type of Payment: Checks

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

Employer: Atlas Pacific/Gulftech
Trade Name: Gulfco Mfg.
Name: Mark Means
Title: Director of Operations

Mailing Address:

P.O. Box., Bldg., Room No., if any:
Street: 1 Atlas Avenue
City: Pueblo **State:** CO
ZIP code: 81001

5.b. Termination Date: 05/20/2020 **5.c. Amount:** \$57,502 **Non-Cash Payment:**
Type of Payment: Checks

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

Employer: Tufts Medical Center
Trade Name:
Name: Therese Hudson-Jinks
Title: VP & CNO

Mailing Address:

P.O. Box., Bldg., Room No., if any: #465
Street: 800 Washington Street
City: Boston **State:** MA
ZIP code: 02111

5.b. Termination Date: 01/29/2020 **5.c. Amount:** \$164,494 **Non-Cash Payment:**
Type of Payment: Checks

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

Employer: Sycuan Casino and Resort
Trade Name:
Name: Mark Radoff
Title: General Counsel

Mailing Address:

P.O. Box., Bldg., Room No., if any:
Street: 2 Kwaaypaay Court
City: El Cajon **State:** CA
ZIP code: 92019

5.b. Termination Date: 03/11/2020 **5.c. Amount:** \$66,191 **Non-Cash Payment:**
Type of Payment: Checks

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

Employer: HCA Healthcare, Inc.
Trade Name: Mission Hospital
Name: Laurie Haynes
Title: CFO

Mailing Address:

P.O. Box., Bldg., Room No., if any:
Street: 509 Biltmore Avenue
City: Asheville **State:** NC
ZIP code: 28801

5.b. Termination Date: 09/10/2020 **5.c. Amount:** \$207,001 **Non-Cash Payment:**
Type of Payment: Checks

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

Employer: United Site Services, Inc. & Subsidiaries
Trade Name:
Name: Jeff Dunlop
Title: VP & General Counsel

Mailing Address:

P.O. Box., Bldg., Room No., if any: Suite 1000
Street: 118 Flanders Road
City: Westborough **State:** MA
ZIP code: 01518

5.b. Termination Date: 08/11/2020 **5.c. Amount:** \$25,017 **Non-Cash Payment:**
Type of Payment: Checks

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

Employer: Tracy Auto, LLP

Mailing Address:

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

Trade Name: Tracy Toyota
Name: Jae Lee
Title: General Manager

Street: 2895 Naglee Road
City: Tracy **State:** CA
ZIP code: 95304

5.b. Termination Date: 07/25/2020 **5.c. Amount:** \$34,290 **Non-Cash Payment:**
Type of Payment: Checks

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

Employer: Ecolab, Inc.
Trade Name:
Name: Elliot Goldman
Title: VP, Labor Relations, Global

Mailing Address:

P.O. Box., Bldg., Room No., if any:
Street: 355 Hastings Avenue
City: Highland Park **State:** IL
ZIP code: 60035

5.b. Termination Date: 12/14/2020 **5.c. Amount:** \$29,610 **Non-Cash Payment:**
Type of Payment: Checks

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

Employer: Ferguson Enterprises, LLC
Trade Name:
Name: Julie Yutesler
Title: Deputy General Counsel

Mailing Address:

P.O. Box., Bldg., Room No., if any:
Street: 4100 W Marginal Way SW
City: Seattle **State:** WA
ZIP code: 98106

5.b. Termination Date: 11/14/2019 **5.c. Amount:** \$6,875 **Non-Cash Payment:**
Type of Payment: Checks

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: \$667,645

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) Expense	(d) Totals
Michael Dana Penn	\$121,621	\$16,766	\$138,387
Steven A. Beyer	\$175,253	\$14,695	\$189,948
8. Total disbursements to officers and employees:			\$328,335
9. Officer and Administrative Expenses:			\$0
10. Publicity:			\$0
11. Fees for Professional Services:			\$215,801
12. Loans Made:			\$0
13. Other Disbursements:			\$0
14. Total Disbursements (Sum of Items 8-13):			\$544,136

Form LM-21 (2003)

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: Stoel Rives LLP

15.b. Trade Name, If any:

Columbia Sportswear Company

15.c. To Whom Paid:

Name: Miko A Penn

Title: Sr. Labor Relations Consultant

Organization: The MayDay Group, Inc.

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

Street: 7550 Chaminade Avenue

City: West Hills **State:** CA

ZIP code: 91304 - 5384

15.d.Amount: \$17,248

15.e.Purpose: To assist the employer's communication efforts to advise its employees of their Section 7 rights and furnish them with information regarding third-party representation

15.a. Employer Name: Tufts Medical Center

15.b. Trade Name, If any:

15.c. To Whom Paid:

Name: Miko A Penn

Title: Sr. Labor Relations Consultant

Organization: The MayDay Group, Inc.

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

Street: 7550 Chaminade Avenue

City: West Hills **State:** CA

ZIP code: 91304 - 5384

15.d.Amount: \$42,950

15.e.Purpose: To assist the employer in its communication efforts to advise its employees of their Section 7 rights and furnish them with information regarding third-party representation

15.a. Employer Name: HCA Healthcare, Inc.

15.b. Trade Name, If any:

Mission Hospital

15.c. To Whom Paid:

Name: Miko A Penn

Title: Sr. Labor Relations Consultant

Organization: The MayDay Group, Inc.

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

Street: 7550 Chaminade Avenue

City: West Hills **State:** CA

ZIP code: 91304 - 5384

15.d.Amount: \$138,356

15.e.Purpose: To assist the employer in its communication efforts to advise its employees of their Section 7 rights and furnish them with information regarding third-party representation

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: \$198,554