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 11-30-2009



1. File Number:

Person Filing

Steven

State California

Dec

Name

Title

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)

574076 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. C- 00633 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name A Beyer Title Partner Organization Organization The Crossroads Group P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street Street 63 Via Pico Plaza, Suite 505 City City San Clemente ZIP Code + 4 ZIP Code + 4 92672 State 4. Date fiscal year ends: 5. Type of person: Individual b. X Partnership c. Corporation d. Other (Specify):

Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:			
Name Christine A Cannella	2 / 1 / 2018			
Organization The Hertz Corporation	8. Name of person(s) through whom made:			
Trade Name, if any Dollar and Thrifty Automotive Group	Name			
P.O. Box, Bldg., Room No., if any	Name			
Street 8501 Williams Road	Name			
City Estero	Name			
State Florida ZIP Code + 4 33928	Name			

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			Signa	atures			
the informa	tion contained in any	es, under penalty of perjury accompanying documents Section VII on penalties i	s) has been examine	e penalties of la d by the signat	aw, that all of the info ory and is, to the bes	ormation submitted in this re st of the undersigned's know	port (including vledge and belief,
13. Signed	<u> </u>	NIMYTH	President (If other title, see	14. Signed	Michael	Dana Perm	Treasurer (If other title, see
Title	Other (Specify	y)	instructions)	Title	Other (Specia	fy)	instructions)
	Partner	•			Partner		
On	3/25/2018	(949) 248-0884		On	03/30/1g	(818) 999-5632	
	Date	Telephone Number	Г		Date	Telephone Number	

File Steven Beyer 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:						
9. Check the appropriate box to indicate whether an object of the activities under	taken, is unectly of indirectly.					
a. To persuade employees to exercise or not to exercise, or persuade em collectively through representatives of their own choosing.	oployees as to the manner of exercising, the right to organize and bargain					
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 an hourly rate of \$375.00 per hour, plus reasonable and customary expenses.						
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instruct	ions):					
a. Nature of activity:						
To assist the Employer with 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:  Complete					
3/5-6  11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name Steven A Beyer	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					
State California ZIP Code + 4 92672  12.a. Identify subject groups of employees:						
	State ZIP Code + 4					
12.a. Identify subject groups of employees:  Various employees of the Baltimore (BWI),	State ZIP Code + 4  12.b. Identify subject labor organizations:  International Brotherhood of Teamsters (IBT) and					
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