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:

C- 00633

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| Person Filing | | |
|---|--|--|
| 2. Name and mailing address (include ZIP Code): | 3. Any other address where records necessary to verify this report are kept: | |
| Name Steven A Beyer | Name | |
| Title Partner | Title | |
| 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 | |
| 4. Date fiscal year ends: 5. Type of person: | | |
| Dec / 31 a. Individual b. 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: 2 / 1 / 2018 | |
| Name Christine A Cannella | 8. Name of person(s) through whom made: | |
| Organization The Hertz Corporation | 6. Name of person(s) trilough 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 | |
| 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 Section VII on penalties in the instructions.) | | |
| 13. Signed President (If other title, see | 14. Signed Michael Dana Pan Treasurer (If other title, see | |
| Title Other (Specify) instructions) | Title Other (Specify) instructions) | |
| Partner | Partner | |
| On 3/25/2018 (949) 248-0884 | On 03/30/18 (818) 999-5632 | |
| Date Telephone Number | Date Telephone Number | |
| Form I M-20 (2003) | Dags 1 of 2 | |

| Files Steven Beyer The Crossroads Group | File Number C- 00633 | |
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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 an hourly rate of \$375.00 per hour, plus reasonable and customary expenses. | | |
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| Specific Activities to be Performed | | |
| 11. For each activity, separately list in detail the information required (See instructions): | | |
| a. Nature of activity: | | |
| To assist the Employer with communication efforts t | | |
| furnish them with information related to third-party representation. | | |
| | | |
| | | |
| | | |
| 11.b. Period during which performed: | 11.c. Extent performed: | |
| 2/12-13 | Complete | |
| 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 | |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: | |
| Various employees of the San Jose (SJC), California location. | International Brotherhood of Teamsters (IBT) and other labor organizations generally. | |
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