U.S. Decartment 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

For Official Use Only CENED der

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)

E 18.1318	READ THE INSTRUCTIONS CAREFUL	JLLY BEFORE PREPARING THIS REPORT. 674068		
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1. <u>Gilê Number</u> : C- 00633				
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Person Filing	ID Codo):	3. Any other address where records necessary to verify this report are kept:	\dashv	
Name and mailing address (include ZIP Code):				
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	o 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		, , , , , , , , , , , , , , , , , , , ,		
Organization The Hertz Corporation		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		
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 Silver (S.)	President (If other title, see instructions)	14. Signed Michael Dane Pam Treasurer (If other title, se instructions)	ee	
Title Other (Specify) Partner		Title Other (Specify) Partner		
On 3/25/2018 (9 Date	49) 248-0884 Telephone Number	On O3/30/18 (818) 999-5632 Date Telephone Number		

Filer: 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 undert	aken, is directly or indirectly:			
a. To persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees to exercise or not to exercise, or persuade employees.	oloyees as to the manner of exercising, the right to organize and bargain			
b. To supply an employer with information concerning the activities of employer, except information for use solely in conjunction with an	oloyees or a labor organization in connection with a labor dispute involving administrative or arbitral proceeding or a criminal or civil judicial proceeding.			
10. Terms and conditions (Explain in detail; see instructions. Written agreements r	nust 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-part				
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11.b. Period during which performed:	11.c. Extent performed:			
2/14-15	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 Oakland (OAK), California location.	International Brotherhood of Teamsters (IBT) and other labor organizations generally.			
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