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 11-30-2006



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.

675358

1. File Number: **C-** 00633 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Michael D Penn Title Title Partner Organization The Crossroads Group Organization 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 State California ZIP Code + 4 ZIP Code + 4 92672 State 4. Date fiscal year ends: 5. Type of person: Individual b. Partnership c. Corporation d. Other (Specify): Dec

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		

			Sign	atures			
the informa	ation contained in any ct, and complete. (Se	es, under penalty of perjury accompanying document e Section VII on penalties Dans Pump	ts) has been examine		tory and 13, to the best o	Athe undersigned's known	
Title	Other (Specif			Title	Other (Specify) Partner		,
On	03/30/2018 Date	818-999-5632 Telephone Numbe	 er	On	4/06/2018	949-248-0884 Telephone Numbe	er

75 1964	
Filer Michael Penn 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:
a. To persuade employees to exercise or not to exercise, or persuade employees as to the model collectively through representatives of their own choosing.	nanner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of employees or a labor of such employer, except information for use solely in conjunction with an administrative or a	
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 \$375.00 expenses) plus reasonable and customary
	·
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	

To assist the Employer with its communication efforts to advise employees of their Section 7 rights and furnish them with information related to third-party representation

1.b. Period during which performed:	11.c. Extent performed:			
03/05 - 03/08-18	Completed			
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
ame Michael D Penn	Name			
rganization The Crossroads Group	Organization			
O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
treet 63 Via Pico Plaza, Suite 505	Street			
ty San Clemente	City			
zate California ZIP Code + 4 92672	State · ZIP Code + 4			
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
on-supervisory employees at the Employer's Hami, Florida (MIA) location	IBT and other labor organizations in general			

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a. Nature of activity: