O.S. Desarment of Labor Office of Labor-Management Standards Washington, DC 20210

## AGREEMENT AND ACTIVITIES REPORT

Office of Management and Budget No. 1245-0003 Expires 03-31-2019



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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Person Filing  2. Name and mailing address (include ZIP Code): Name Charles Stephenson Title Member  Crganization CRS Labor Relations Solutions, LLC. P.O. Box, Bidg., Room No., if any  Street 1500 E Ratella Ave, Suite M  City Orange  State California ZIP Code + 4 92882  State California ZIP Code + 4 92882  State California S. Type of person: a Individual b Partnership c C Corporation d Other (Specify):  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code): Name Organization Penske Automotive Trade Name, if any P.O. Box, Bidg., Room No., if any Street 1715 East Chauncey Lane City Phoenix State Ratizona ZIP Code + 4 Slane State Ratizona ZIP Code + 4 Slane Signatures  Signatures  Signatures  Signatures  Signatures  Treasurer (if other title, see	EMS OF	
2. Name and mailing address (include ZIP Code):  Name	1. File Number: C- 66018	
2. Name and mailing address (include ZIP Code):  Name Charles Stephenson  Title Member  Organization CRS Labor Relations Solutions, LLC.  P.O. Box, Bldg., Room No., if any  Street 1500 E Katella Ave, Suite M  City Orange  State[California ZIP Code + 4 92882 State ZIP Code + 4    1. Date fiscal year ends:  Dec 31 s Individual b Partnership c C Corporation d Other (Specify):  Name Organization  P.O. Box, Bldg., Room No., if any  Street Isou E Katella Ave, Suite M  Street State ZIP Code + 4    1. Date fiscal year ends:  Dec 31 s Individual b Partnership c C Corporation d Other (Specify):  Name Name No., if any  Name No., if any  Street 715 East Chauncey Lane  City Phoenix  State Arizona ZIP Code + 4    Name Name Name Name Name Name Name Name		
Name Charles Stephenson  Title Member  Organization CRS Labor Relations Solutions, LLC.  P.O. Box, Bldg., Room No., if any  Street 1500 E Katella Ave, Suite M  City Orange  City California  A. Date fiscal year ends:  Dec / 31	Person Filing	
Title Member Organization CRS Labor Relations Solutions, LLC.  P.O. Box, Bldg., Room No., if any Street 1500 E Katella Ave, Suite M City Orange State California ZIP Code + 4 92882  4. Date fiscal year ends: 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): Name Organization Penske Automotive Trade Name, if any P.O. Box, Bldg., Room No., if any Street 715 East Chauncey Lane City Phoenix State Arizona ZIP Code + 4 Signatures Signatures Signatures Signatures Signatures 13. Signed Automotive George Specifion Vira penalties in the instructions) 14. Signed Automotive Treasurer (if other title, see	2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Organization CRS Labor Relations Solutions, LLC.  P.O. Box, Bidg., Room No., if any  Street 1500 E Katella Ave, Suite M  City Orange  State California  ZIP Code + 4 92882  State  City  City  Corporation d Other (Specify):  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):  Name  Organization  7. Date entered into:  8. Name of person(s) through whom made:  Name Bernard Wolfe  Name  Organization Penske Automotive  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street 715 East Chauncey Lane  City Phoenix  State Arizona  ZIP Code + 4  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 op penalties in the instructions.)  13. Signed  Mathau Arthura (If other title, see  (If other title, see  (If other title, see	Name Charles Stephenson	Name
P.O. Box, Bldg., Room No., if any  Street 1500 E Katella Ave, Suite M  City Orange  State California ZIP Code + 4 92882  4. Date fiscal year ends:  Dec	Title Member	Title
Street 1500 E Katella Ave, Suite M  City Orange  State California ZIP Code + 4 92882 State ZIP Code + 4   4. Date fiscal year ends: Dec	Organization CRS Labor Relations Solutions, LLC.	Organization
City   State   California   ZIP Code + 4   92882   State   ZIP Code + 4   ZIP Code + 4    4. Date fiscal year ends:   5. Type of person:     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:   6   3   2016    Name   Organization   Penske Automotive   8. Name of person(s) through whom made:   Name   Bernard   Wolfe   Name   N	P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
State California ZIP Code + 4 92882 State ZIP Code + 4	Street 1500 E Katella Ave, Suite M	Street
4. Date fiscal year ends:  Dec	City Orange	City
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code):  Name	State California ZIP Code + 4 92882	State ZIP Code + 4
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6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Penske Automotive  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street 715 East Chauncey Lane  City Phoenix  State Arizona  ZIP Code + 4  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  Automatic Treasurer (If other title, see (If other tit	Dec a. Individual b. Partnership	c. ✓ Corporation d. Other (Specify):
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(If other title, see (If other title, see	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,	
Title Other (Specify) New Let Instructions)  Title	Other (Specify) N/as has instructions)	instructions)
On 6/30/16 951 371 6606 On On	On 6/30/16 951 371 6606	On [
Date Telephone Number Date Telephone Number		

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.): Daily Rate		
Specific Activities to be Performed		
	Name).	
11. For each activity, separately list in detail the information required (See instruct	ions):	
<ul> <li>a. Nature of activity:</li> <li>Engaged to communicate to employees regarding exercises</li> </ul>	cising their section 7 rights of the NLRA	
injuged to communicate to employees regularing energ	orbing their bestron , rights or the kind	
11.b. Period during which performed:	11.c. Extent performed:	
various days beginning 6/3/16	fully performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street	Street	
City	City	
State ZIP Code + 4	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	

File Number C-

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