U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



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.

1. File Number: c- (a\u00bb578)				
Person Filing				
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:		
Name		Name		
Title		Title		
Organization Sparta		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 8086 South Yale Ave suite 225		Street		
City Tulsa		City		
State Oklahoma	ZIP Code + 4 74136	State ZIP Code + 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:		
Name		7 / 1 / 2015		
Organization Hertz Dollar Thrifty		8. Name of person(s) through whom made:		
Trade Name, if any		Name David Friedman		
P.O. Box, Bldg., Room No., if any		Name		
Street 10450 Corkscrew Commons Dr.		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 instructions) Treasurer (If other title, see instructions) Title Treasurer Title Treasurer				
	-555-7509 Telephone Number	On 07/07/2015 800-555-7509 Date Telephone Number		

Filer: Sparta		File Number C-		
9. Check the appropriate box to indicate whether an object of the activities under	aken is directly or indirectly:			
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 barg 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.):				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.				
11.b. Period during which performed:	11.c. Extent performed:			
Beginning on or about 7/07/2015	Ongoing Additional Name and address through whom performed, if any:			
11.d. Name and address through whom performed: Name Simon Jara	Name	s through whom performed, if any:		
Organization	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 10380 Rochelle Ave	Street			
City Santa	City			
State California ZIP Code + 4 92071	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	organizations:		
All employees eligible to vote in the bargaining unit				