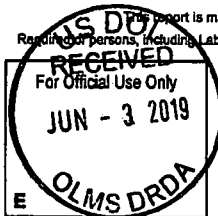


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 07-31-2019

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.
Reporting persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

705406

1. File Number C-00322	2. Period Covered By This Report From: 01/01/2018 Through: 12/31/2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: Peter A List Title: Founder & CEO Organization: Kulture Consulting LLC P.O. Box, Building and Room Number, if any: PO Box 2877 Street: City: Pawleys Island State: South Carolina ZIP Code + 4: 29585	4. Any other address where records necessary to verify this report are kept: Name: Title: Organization: P.O. Box, Building and Room Number, if any: Street: City: State: 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 the Section on penalties in the instructions).

17. Signed: [Signature] Title: Other (Specify) Founder & CEO On: 03/25/2019 843-314-0383 Date Telephone Number	18. Signed: [Signature] Title: Other (Specify) Manager of Administration On: 03/25/2019 843-314-0383 Date Telephone Number
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Name of Person Filing: Peter List	File Number C- 00322
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer <input type="text" value="Albert Einstein Medical Center"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="5501 Old York Road"/>
Attention To <input type="text" value="Sally"/> <input type="text" value="Chmielewski"/>	City <input type="text" value="Philadelphia"/>
Title <input type="text"/>	State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19141"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 3,170,709

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: <input type="text" value="Kulture, LLC"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text" value="3,204,546"/>
Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text" value="PO Box 2877"/> Street <input type="text"/> City <input type="text" value="Pawleys Island"/> State <input type="text" value="South Carolina"/> ZIP Code + 4 <input type="text" value="29585"/>	15.e. Purpose <div style="border: 1px solid black; padding: 5px;"> Disbursements were made to the Officers, Consultants, and Employees of Kulture, LLC for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses. </div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 3,204,546

Name of Person Filing: Peter List		File Number C- 00322	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Chen-Tech Industries Inc	P.O. Box, Bldg., Room No., if any	*NOTE 1
Trade Name	ATI Forged Products	Street	1000 Six PPG Place
Attention To:	Matt Beckler	City	Pittsburgh
Title		State	Pennsylvania ZIP Code + 4 15222
5.b. Termination Date 03/31/2018		5.c. Amount 36,389	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Bakerly NORAC USA	P.O. Box, Bldg., Room No., if any	
Trade Name	Bakerly Barn LLC	Street	4300 East Braden Boulevard
Attention To:	Brian C Regnier	City	Easton
Title	Chief Financial Officer	State	Pennsylvania ZIP Code + 4 18040
5.b. Termination Date On-going		5.c. Amount 29,608	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Carlow University	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	3333 Fifth Avenue, 2nd Fl West Wing
Attention To:	Bridgette N Cofield	City	Pittsburgh
Title	Director of Human Resources	State	Pennsylvania ZIP Code + 4 15213
5.b. Termination Date 11/30/2017		5.c. Amount 16,371	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Brenntag Great Lakes LLC	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	4420 N Harley Davidson Avenue
Attention To:	Anne Mazza	City	Wauwatosa
Title	Human Resources	State	Wisconsin ZIP Code + 4 53225
5.b. Termination Date 02/28/2018		5.c. Amount 6,611	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Brose North America	P.O. Box, Bldg., Room No., if any	
Trade Name	Brose Belvidere Inc.	Street	725 Logistics Drive
Attention To:	Gloria Blanchard	City	Belvidere
Title	Director Personnel Support	State	Illinois ZIP Code + 4 61008
5.b. Termination Date 08/31/2018		5.c. Amount 104,346	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Brose North America	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	3933 Automation Avenue
Attention To:	Gloria Blanchard	City	Auburn Hills
Title	Director Personnel Support	State	Michigan ZIP Code + 4 48326
5.b. Termination Date On-going		5.c. Amount 26,543	

Name of Person Filing: Peter List		File Number C- 00322	
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Calumet Specialty Products Partners LP		P.O. Box, Bldg., Room No., if any *NOTE 2	
Trade Name		Street 7811 S Presa Street	
Attention To: Jason Brandt		City San Antonio	
Title Director of Labor Relations		State Texas ZIP Code + 4 78223	
5.b. Termination Date 04/30/2018		5.c. Amount 65,128	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Saint Goban Corp		P.O. Box, Bldg., Room No., if any *NOTE 3	
Trade Name dba CertainTeed Corp		Street 20 Moores Road	
Attention To: Robert Cohen		City Malvern	
Title		State Pennsylvania ZIP Code + 4 19355	
5.b. Termination Date 12/31/2017		5.c. Amount 16,601	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Chetak New York LLC		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 351 Mill Road	
Attention To: James Ottobre		City Edison	
Title		State New Jersey ZIP Code + 4 08837	
5.b. Termination Date On-going		5.c. Amount 37,166	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Marine Repair Services Inc.		P.O. Box, Bldg., Room No., if any *NOTE 4	
Trade Name dba CMC Logistics LLC		Street 2396-A Aviation Avenue	
Attention To: Kenneth L Skipper		City North Charleston	
Title		State South Carolina ZIP Code + 4 29406	
5.b. Termination Date 12/31/2017		5.c. Amount 67,005	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Coca-Cola Bottling Co-Consolidated		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 4100 Coca-Cola Plaza	
Attention To: Angela French		City Charlotte	
Title Director, Labor Relations		State North Carolina ZIP Code + 4 28211	
5.b. Termination Date On-going		5.c. Amount 35,070	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer DaVita Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 15271 Laguna Canyon Road	
Attention To: Caitlin Moughon		City Irvine	
Title		State California ZIP Code + 4 92618	
5.b. Termination Date On-going		5.c. Amount 626,780	

Name of Person Filing: Peter List		File Number C- 00322	
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Essendant Inc."/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="1 Parkway North Boulevard"/>	
Attention To: <input type="text" value="Julie"/> <input type="checkbox"/> <input type="text" value="Untiedt"/>		City <input type="text" value="Deerfield"/>	
Title <input type="text"/>		State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60015"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="61,742"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Genco Infrastructure Solutions Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="dba Fedex Supply Chain Distrib"/>		Street <input type="text" value="100 Papercraft Park"/>	
Attention To: <input type="text" value="Dale"/> <input type="checkbox"/> <input type="text" value="Dudek"/>		City <input type="text" value="Pittsburgh"/>	
Title <input type="text"/>		State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="15238"/>	
5.b. Termination Date <input type="text" value="02/28/2018"/>		5.c. Amount <input type="text" value="11,734"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Golden Nugget, Atlantic City"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="Huron Avenue & Brigantine Blvd"/>	
Attention To: <input type="text" value="Patricia"/> <input type="checkbox"/> <input type="text" value="Fineran"/>		City <input type="text" value="Atlantic City"/>	
Title <input type="text" value="Human Resources Director"/>		State <input type="text" value="New Jersey"/> ZIP Code + 4 <input type="text" value="08401"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="37,310"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="TIMCO Aerosystems LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="dba HAECO Cabin Solutions"/>		Street <input type="text" value="8010 Piedmont Triad Parkway"/>	
Attention To: <input type="text" value="Andy"/> <input type="checkbox"/> <input type="text" value="Halsey"/>		City <input type="text" value="Greensboro"/>	
Title <input type="text" value="Chief Human Resources Officer"/>		State <input type="text" value="North Carolina"/> ZIP Code + 4 <input type="text" value="27409"/>	
5.b. Termination Date <input type="text" value="09/30/2018"/>		5.c. Amount <input type="text" value="44,329"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="HP Hood LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="6 Kimball Lane"/>	
Attention To: <input type="text" value="Corey"/> <input type="checkbox"/> <input type="text" value="Jackson"/>		City <input type="text" value="Lynnfield"/>	
Title <input type="text"/>		State <input type="text" value="Massachusetts"/> ZIP Code + 4 <input type="text" value="01940"/>	
5.b. Termination Date <input type="text" value="12/31/2017"/>		5.c. Amount <input type="text" value="112,811"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="HP Hood LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="6 Kimball Lane"/>	
Attention To: <input type="text" value="Corey"/> <input type="checkbox"/> <input type="text" value="Jackson"/>		City <input type="text" value="Lynnfield"/>	
Title <input type="text"/>		State <input type="text" value="Massachusetts"/> ZIP Code + 4 <input type="text" value="01940"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="28,896"/>	

Name of Person Filing: Peter List		File Number C- 00322	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Saks Incorporated		P.O. Box, Bldg., Room No., if any	
Trade Name Saks Fifth Avenue		Street 225 Liberty Street, 31st Floor	
Attention To: Jessica Arnold		City New York	
Title		State New York ZIP Code + 4 10281	
5.b. Termination Date On-going		5.c. Amount 31,652	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Security Guard Inc/Tri-County Security		P.O. Box, Bldg., Room No., if any	
Trade Name dba Imperial Security		Street 1142 E Chestnut Avenue, Suite A	
Attention To: Cheryl Chalow		City Vineland	
Title President		State New Jersey ZIP Code + 4 08360	
5.b. Termination Date On-going		5.c. Amount 35,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Interlake Mecalux		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1600 North 25th Avenue	
Attention To: Nicole Walters		City Melrose Park	
Title		State Illinois ZIP Code + 4 60160	
5.b. Termination Date 07/31/2018		5.c. Amount 1,942	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Interlake Mecalux		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1600 North 25th Avenue	
Attention To: Nicole Walters		City Melrose Park	
Title		State Illinois ZIP Code + 4 60160	
5.b. Termination Date On-going		5.c. Amount 6,282	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer JB Hunt Transport Inc		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 615 JB Hunt Corporate Drive	
Attention To: Bill Dietrich		City Lowell	
Title		State Arkansas ZIP Code + 4 72745	
5.b. Termination Date 10/31/2018		5.c. Amount 15,712	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer JG Kern Enterprises Inc		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 44044 Merrill Road	
Attention To: Dave Ruman		City Sterling Heights	
Title CFO		State Michigan ZIP Code + 4 48314	
5.b. Termination Date 09/30/2018		5.c. Amount 103,245	

Name of Person Filing: Peter List		File Number C- 00322	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Rev Group Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text" value="*NOTE 6"/>	
Trade Name <input type="text" value="dba KME Fire Apparatus"/>		Street <input type="text" value="1 Industrial Complex"/>	
Attention To: <input type="text" value="Barbara"/> <input type="text" value="Stephens"/>		City <input type="text" value="Nesquehoning"/>	
Title <input type="text"/>		State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="18240"/>	
5.b. Termination Date <input type="text" value="10/31/2018"/>		5.c. Amount <input type="text" value="55,541"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Marathon Cheese Corporation"/>		P.O. Box, Bldg., Room No., if any <input type="text" value="PO Box 185"/>	
Trade Name <input type="text"/>		Street <input type="text" value="304 East Street"/>	
Attention To: <input type="text" value="David"/> <input type="text" value="Keefe"/>		City <input type="text" value="Marathon"/>	
Title <input type="text" value="VP Human Resources"/>		State <input type="text" value="Wisconsin"/> ZIP Code + 4 <input type="text" value="54448"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="38,720"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Meritor, Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text" value="*NOTE 7"/>	
Trade Name <input type="text"/>		Street <input type="text" value="2135 West Maple Road"/>	
Attention To: <input type="text" value="Eric"/> <input type="text" value="A"/> <input type="text" value="Mahler"/>		City <input type="text" value="Troy"/>	
Title <input type="text"/>		State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48084"/>	
5.b. Termination Date <input type="text" value="04/30/2018"/>		5.c. Amount <input type="text" value="10,945"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Moran Foods LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="dba Save-A-Lot"/>		Street <input type="text" value="100 Corporate Drive"/>	
Attention To: <input type="text" value="Dianne"/> <input type="text" value="Graves"/>		City <input type="text" value="Earth City"/>	
Title <input type="text" value="Asst General Counsel"/>		State <input type="text" value="Missouri"/> ZIP Code + 4 <input type="text" value="63045"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="14,443"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="New Hudson Facades LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="815 Columbia Avenue"/>	
Attention To: <input type="text" value="Dan"/> <input type="text" value="Sassi"/>		City <input type="text" value="Linwood"/>	
Title <input type="text"/>		State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19061"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="30,318"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="NutraBlend LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="Land-O-Lakes LLC"/>		Street <input type="text" value="3200 East 2nd Street"/>	
Attention To: <input type="text" value="Brian"/> <input type="text" value="S"/> <input type="text" value="Dreibelbis Sr"/>		City <input type="text" value="Neosho"/>	
Title <input type="text" value="Director Supply Chain HR"/>		State <input type="text" value="Missouri"/> ZIP Code + 4 <input type="text" value="64850"/>	
5.b. Termination Date <input type="text" value="04/30/2018"/>		5.c. Amount <input type="text" value="22,012"/>	

Name of Person Filing: Peter List		File Number C- 00322	
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="P&B Intermodal Services LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="22 Hudson Place, 3rd Floor"/>	
Attention To: <input type="text" value="Dale"/> <input type="text" value="Bartley"/>		City <input type="text" value="Hoboken"/>	
Title <input type="text"/>		State <input type="text" value="New Jersey"/> ZIP Code + 4 <input type="text" value="07030"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="76,166"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="PainTech Painting & Wallcovering Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="920 Matsonford Road"/>	
Attention To: <input type="text" value="William"/> <input type="text" value="Shaid"/>		City <input type="text" value="West Conshohocken"/>	
Title <input type="text" value="President"/>		State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19428"/>	
5.b. Termination Date <input type="text" value="12/31/2018"/>		5.c. Amount <input type="text" value="3,658"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Phillips Feed Service Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text" value="*NOTE 8"/>	
Trade Name <input type="text" value="dba Phillips Pet & Feed Supply"/>		Street <input type="text" value="3747 Hecktown Road"/>	
Attention To: <input type="text" value="Renee"/> <input type="text" value="Daniels"/>		City <input type="text" value="Easton"/>	
Title <input type="text"/>		State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="18045"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="83,186"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Pincus Elevator Company Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="901 South Bolmar Street, Suite Q"/>	
Attention To: <input type="text" value="Matt"/> <input type="text" value="Pincus"/>		City <input type="text" value="West Chester"/>	
Title <input type="text" value="President"/>		State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19382"/>	
5.b. Termination Date <input type="text" value="04/30/2018"/>		5.c. Amount <input type="text" value="102,117"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="PRG Enterprises Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="dba Save-A-Lot Food Store"/>		Street <input type="text" value="100 Pike Street"/>	
Attention To: <input type="text" value="Harry"/> <input type="text" value="Singh"/>		City <input type="text" value="Port Jervis"/>	
Title <input type="text"/>		State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="12771"/>	
5.b. Termination Date <input type="text" value="09/30/2018"/>		5.c. Amount <input type="text" value="2,500"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Readington Farms Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="12 Mill Road"/>	
Attention To: <input type="text" value="Andy"/> <input type="text" value="L"/> <input type="text" value="Fish"/>		City <input type="text" value="Whitehouse Station"/>	
Title <input type="text" value="President & COO"/>		State <input type="text" value="New Jersey"/> ZIP Code + 4 <input type="text" value="08889"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="56,795"/>	

Name of Person Filing: Peter List		File Number C- 00322	
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Rev Group Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="dba E-One"/>		Street <input type="text" value="1601 SW 37th Avenue"/>	
Attention To: <input type="text" value="Barbara"/> <input type="checkbox"/> <input type="text" value="Stephens"/>		City <input type="text" value="Ocala"/>	
Title <input type="text" value="Chief HR Officer"/>		State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="34474"/>	
5.b. Termination Date <input type="text" value="09/30/2018"/>		5.c. Amount <input type="text" value="49,045"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Sugar House Casino"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="1080 N Delaware Avenue, 8th Floor"/>	
Attention To: <input type="text" value="Joseph"/> <input type="checkbox"/> <input type="text" value="LaRosa"/>		City <input type="text" value="Philadelphia"/>	
Title <input type="text"/>		State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19125"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="52,806"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="TECT Aerospace LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="1211 Old Albany Road"/>	
Attention To: <input type="text" value="Linda"/> <input type="checkbox"/> <input type="text" value="Coleman"/>		City <input type="text" value="Thomasville"/>	
Title <input type="text"/>		State <input type="text" value="Georgia"/> ZIP Code + 4 <input type="text" value="31792"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="14,925"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Ingersoll Rand Company"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="Trane Commercial HVAC"/>		Street <input type="text" value="800 E Beaty Street"/>	
Attention To: <input type="text" value="Larry"/> <input type="checkbox"/> <input type="text" value="Parson"/>		City <input type="text" value="Davidson"/>	
Title <input type="text"/>		State <input type="text" value="North Carolina"/> ZIP Code + 4 <input type="text" value="28036"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="388,824"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="United Natural Foods Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="313 Iron Horse Way"/>	
Attention To: <input type="text" value="Joseph"/> <input type="checkbox"/> <input type="text" value="Traficanti"/>		City <input type="text" value="Providence"/>	
Title <input type="text"/>		State <input type="text" value="Rhode Island"/> ZIP Code + 4 <input type="text" value="02908"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="125,961"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Village Supermarket Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="733 Mountain Avenue"/>	
Attention To: <input type="text" value="James"/> <input type="checkbox"/> <input type="text" value="Stevens"/>		City <input type="text" value="Springfield"/>	
Title <input type="text" value="Director HR Services"/>		State <input type="text" value="New Jersey"/> ZIP Code + 4 <input type="text" value="07081"/>	
5.b. Termination Date <input type="text" value="02/28/2018"/>		5.c. Amount <input type="text" value="27,687"/>	

Name of Person Filing: Peter List		File Number C- 00322	
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Voss Industries Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="2168 West 25th Street"/>	
Attention To: <input type="text" value="James"/> <input type="text" value="Callan"/>		City <input type="text" value="Cleveland"/>	
Title <input type="text" value="President"/>		State <input type="text" value="Ohio"/> ZIP Code + 4 <input type="text" value="44113"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="161,122"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="ZEP Manufacturing"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="3330 Cumberland Boulevard, Ste 700"/>	
Attention To: <input type="text" value="Rob"/> <input type="text" value="Novo"/>		City <input type="text" value="Atlanta"/>	
Title <input type="text" value="Vice President"/>		State <input type="text" value="Georgia"/> ZIP Code + 4 <input type="text" value="30339"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="45,936"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Becton Dickinson"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="BD Medical & Procedural Solutions"/>		Street <input type="text" value="Route 7 & Grace Way"/>	
Attention To: <input type="text" value="Heather"/> <input type="text" value="Waddell"/>		City <input type="text" value="Canaan"/>	
Title <input type="text" value="HR Partner"/>		State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06018"/>	
5.b. Termination Date <input type="text" value="09/30/2017"/>		5.c. Amount <input type="text" value="14,024"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Becton Dickinson"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="BD Medical & Procedural Solutions"/>		Street <input type="text" value="Route 7 & Grace Way"/>	
Attention To: <input type="text" value="Heather"/> <input type="text" value="Waddell"/>		City <input type="text" value="Canaan"/>	
Title <input type="text" value="HR Partner"/>		State <input type="text" value="Connecticut"/> ZIP Code + 4 <input type="text" value="06018"/>	
5.b. Termination Date <input type="text" value="05/31/2018"/>		5.c. Amount <input type="text" value="148,883"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Five Star Custom Foods LTD"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="Cargill Meat Solutions"/>		Street <input type="text" value="3709 E First Street"/>	
Attention To: <input type="text" value="Tanya"/> <input type="text" value="Teeter"/>		City <input type="text" value="Fort Worth"/>	
Title <input type="text"/>		State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="76111"/>	
5.b. Termination Date <input type="text" value="01/31/2018"/>		5.c. Amount <input type="text" value="52,695"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Barney's New York"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="575 Fifth Avenue, 14th Fl"/>	
Attention To: <input type="text" value="Marc"/> <input type="text" value="Perlowitz"/>		City <input type="text" value="New York"/>	
Title <input type="text"/>		State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10017"/>	
5.b. Termination Date <input type="text" value="12/31/2018"/>		5.c. Amount <input type="text" value="0"/>	

Name of Person Filing: Peter List		File Number C- 00322	
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>NCR Corporation</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>864 Spring Street</u>	
Attention To: <u>Megan</u> <input type="checkbox"/> <u>Torres</u>		City <u>Atlanta</u>	
Title		State <u>Georgia</u> ZIP Code + 4 <u>30308</u>	
5.b. Termination Date <u>12/31/2018</u>		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Sugar House Casino</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>1080 N Delaware Avenue, 8th Fl</u>	
Attention To: <u>Joseph</u> <input type="checkbox"/> <u>LaRosa</u>		City <u>Philadephia</u>	
Title		State <u>Pennsylvania</u> ZIP Code + 4 <u>19125</u>	
5.b. Termination Date <u>On-going</u>		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>DaVita Inc</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>15271 Laguna Canyon Road</u>	
Attention To: <u>Caitlin</u> <input type="checkbox"/> <u>Moughon</u>		City <u>Irvine</u>	
Title		State <u>California</u> ZIP Code + 4 <u>92618</u>	
5.b. Termination Date <u>On-going</u>		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Security Guard Inc</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>dba Imperial Security</u>		Street <u>1142 E Chestnut Avenue, Ste A</u>	
Attention To: <u>Cheryl</u> <input type="checkbox"/> <u>Chalow</u>		City <u>Vineland</u>	
Title <u>President</u>		State <u>New Jersey</u> ZIP Code + 4 <u>08360</u>	
5.b. Termination Date <u>On-going</u>		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>PRG Enterprises</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>dba Save-A-Lot Food Store</u>		Street <u>100 Pike Street</u>	
Attention To: <u>Harry</u> <input type="checkbox"/> <u>Singh</u>		City <u>Port Jervis</u>	
Title		State <u>New York</u> ZIP Code + 4 <u>12771</u>	
5.b. Termination Date <u>09/30/2018</u>		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Vivid Mechanical LLC</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>43-39 Davis Street</u>	
Attention To: <u>Ernest</u> <input type="checkbox"/> <u>Henick</u>		City <u>Long Island City</u>	
Title		State <u>New York</u> ZIP Code + 4 <u>11101</u>	
5.b. Termination Date <u>On-going</u>		5.c. Amount <u>0</u>	

Name of Person Filing: Peter List		File Number C- 00322	
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>PainTech Painting & Wallcovering Inc</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>920 Matsonford Road</u>	
Attention To: <u>William</u> <input type="checkbox"/> <u>Shaid</u>		City <u>W Conshohocken</u>	
Title <u>President</u>		State <u>Pennsylvania</u> ZIP Code + 4 <u>19428</u>	
5.b. Termination Date <u>12/31/2018</u>		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>InterLake Mecalux</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>1600 N 25th Avenue</u>	
Attention To: <u>Nicole</u> <input type="checkbox"/> <u>Walters</u>		City <u>Melrose Park</u>	
Title <u></u>		State <u>Illinois</u> ZIP Code + 4 <u>60160</u>	
5.b. Termination Date <u>On-going</u>		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Readington Farms Inc</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>12 Mill Road</u>	
Attention To: <u>Andy</u> <input type="checkbox"/> <u>Fish</u>		City <u>Whitehouse Station</u>	
Title <u>President & COO</u>		State <u>New Jersey</u> ZIP Code + 4 <u>08889</u>	
5.b. Termination Date <u>On-going</u>		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Brose Jefferson</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>25295 Guenther, Ste 100</u>	
Attention To: <u>Callie</u> <input type="checkbox"/> <u>Wit</u>		City <u>Warren</u>	
Title <u>Manager Human Resources</u>		State <u>Michigan</u> ZIP Code + 4 <u>48091</u>	
5.b. Termination Date <u>On-going</u>		5.c. Amount <u>0</u>	

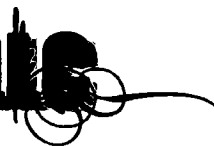
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Marathon Cheese Corp</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>PO Box 185</u>	
Attention To: <u>David</u> <input type="checkbox"/> <u>Keefe</u>		City <u>Marathon</u>	
Title <u>VP Human Resources</u>		State <u>Wisconsin</u> ZIP Code + 4 <u>54448</u>	
5.b. Termination Date <u>On-going</u>		5.c. Amount <u>0</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Brambles Limited</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>CHEP Recycled Pallet Solutions</u>		Street <u>5897 Winward Parkway</u>	
Attention To: <u>Jay</u> <input type="checkbox"/> <u>Frye</u>		City <u>Alpharetta</u>	
Title <u></u>		State <u>Georgia</u> ZIP Code + 4 <u>30005</u>	
5.b. Termination Date <u>On-going</u>		5.c. Amount <u>0</u>	

Name of Person Filing: Peter List		File Number C- 00322	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Chen-Tech Industries Inc"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="ATI Forged Products"/>		Street <input type="text" value="1000 Six PPG Place"/>	
Attention To: <input type="text" value="Matt"/> <input type="checkbox"/> <input type="text" value="Beckler"/>		City <input type="text" value="Pittsburgh"/>	
Title <input type="text"/>		State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="15222"/>	
5.b. Termination Date <input type="text" value="10/31/2018"/>		5.c. Amount <input type="text" value="0"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Halcyon Condominium"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="305 East 51st Street"/>	
Attention To: <input type="text" value="Neil"/> <input type="checkbox"/> <input type="text" value="Jairath"/>		City <input type="text" value="New York"/>	
Title <input type="text"/>		State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10022"/>	
5.b. Termination Date <input type="text" value="10/31/2018"/>		5.c. Amount <input type="text" value="0"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Ingersoll Rand Company"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="Trane Commercial HVAC"/>		Street <input type="text" value="800 E Beaty Street"/>	
Attention To: <input type="text" value="Larry"/> <input type="checkbox"/> <input type="text" value="Parson"/>		City <input type="text" value="Davidson"/>	
Title <input type="text"/>		State <input type="text" value="North Carolina"/> ZIP Code + 4 <input type="text" value="28036"/>	
5.b. Termination Date <input type="text" value="On-going"/>		5.c. Amount <input type="text" value="0"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text"/>	
Attention To: <input type="text"/> <input type="checkbox"/> <input type="text"/>		City <input type="text"/>	
Title <input type="text"/>		State <input type="text"/> ZIP Code + 4 <input type="text"/>	
5.b. Termination Date <input type="text"/>		5.c. Amount <input type="text"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text"/>	
Attention To: <input type="text"/> <input type="checkbox"/> <input type="text"/>		City <input type="text"/>	
Title <input type="text"/>		State <input type="text"/> ZIP Code + 4 <input type="text"/>	
5.b. Termination Date <input type="text"/>		5.c. Amount <input type="text"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text"/>	
Attention To: <input type="text"/> <input type="checkbox"/> <input type="text"/>		City <input type="text"/>	
Title <input type="text"/>		State <input type="text"/> ZIP Code + 4 <input type="text"/>	
5.b. Termination Date <input type="text"/>		5.c. Amount <input type="text"/>	



KULTURE CONSULTING, LLC



U.S. Department of Labor
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5603
Washington, DC 20210

Addendum to 2018 LM-21

NOTE 1 –

Agreement was entered into with:

Chen-Tech Industries Inc.
d/b/a ATI Forged Products
1000 Six PPG Place
Pittsburgh, PA 15222

Payment was made by:

Allegheny Technologies
TDY Industries Inc.
1000 Six PPG Place
Pittsburgh, PA 15222

NOTE 2 –

Agreement was entered into with:

Calumet Specialty Products Partners LP
7811 S Presa Street
San Antonio, TX 78223

Payment was made by:

Calumet Operating Corp
7811 S Presa Street
San Antonio, TX 78223

NOTE 3 –

Agreement was entered into with:

CertainTeed Corporation
2901 North Kaufman Street
Ennis, TX 75119

Payment was made by:

Saint-Gobain Corp
CertainTeed Corp
20 Moores Road
Malvern, PA 19355

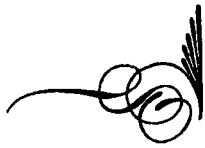
NOTE 4 –

Agreement was entered into with:

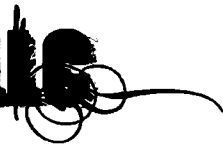
CMC Logistics LLC
2396-A Aviation Avenue
North Charleston, SC 29406

Payment was made by:

Marine Repair Services Inc (sister company)
2265 Clements Ferry Road, Ste 301
Charleston, SC 29492



KULTURE CONSULTING, LLC



NOTE 5 –

Agreement was entered into with:

Imperial Security
8459 Ridge Avenue
Philadelphia, PA 19128

Payment was made by:

Security Guard Inc
T/A Tri-County Security NJ
1142 E Chestnut Avenue, Ste A
Vineland, NJ 08360

NOTE 6 –

Agreement was entered into with:

Rev Group Inc
d/b/a KME
1 Industrial Complex
Nesquehoning, PA 18240

Payment was made by:

Kovatch Mobile Equipment Corp
T/A KME Fire Apparatus
1 Industrial Complex
Nesquehoning, PA 18240

NOTE 7 –

Agreement was entered into with:

Meritor Inc
2135 W Maple Road
Troy, MI 48084

Payment was made by:

Arvin Meritor LE
2135 W Maple Road
Troy, MI 48084

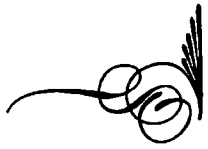
NOTE 8 –

Agreement was entered into with:

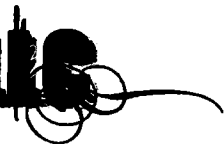
Phillips Pet Food & Supplies
3747 Hecktown Road
Easton, PA 18045

Payment was made by:

Phillips Feed Service Inc
3747 Hecktown Road
Easton, PA 18045



KULTURE CONSULTING, LLC



NOTE 9 –

Payment was received by Kulture Consulting, LLC in 2018 from AAA of Northern CA, NV & UT, 1277 Treat Boulevard, Suite 1000, Walnut Creek, CA 94597, in the amount of \$7,883.53. Services rendered to this client at this time and location were for management training only; no employees were met with, therefore no LM-20 was filed.

NOTE 10 –

Payment was received by Kulture Consulting, LLC in 2018 from Insteel Industries Inc, 1373 Boggs Drive, Mt Airy, NC, 27030, in the amount of \$6,142.92. Services rendered to this client at this time and location were for management training only; no employees were met with, therefore no LM-20 was filed.

NOTE 11 –

Payment was received by Kulture Consulting, LLC in 2018 from RBC Bearings Aircraft Components Inc, 1 Tribology Center, 102 Willenbrock Road, Oxford, CT 06478, in the amount of \$6,288.98. Services rendered to this client at this time and location were for management training only; no employees were met with, therefore no LM-20 was filed.

NOTE 12 –

Payment was received by Kulture Consulting, LLC in 2018 from Sysco Corporation, 24500 Highway 290, Cypress, TX 77429, in the amount of \$7,374.40. Services rendered to this client at this time and location were for management training only; no employees were met with, therefore no LM-20 was filed.

NOTE 13 –

Payment was received by Kulture Consulting, LLC in 2018 from Sysco Corporation, 24500 Highway 290, Cypress, TX 77429, in the amount of \$6,147.29. Services rendered to this client at this time and location were for management training only; no employees were met with, therefore no LM-20 was filed.