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. 1245-0003
Expires 10-31-2013



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 Lebor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

O DRUM				
1. File Number: C- 00322				
Person Filing				
2. Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:		
Name Peter A List		Name .		
Title Founder & CEO		Title		
Organization Kulture Consulting, LLC		Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street P.O. Box 2877		Street		
City Pawleys Island		City		
State South Carolina	ZIP Code + 4 29585	State	ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:				
Dec / 15	a. Individual b. Partnership	c. Corporation d. Other (S	Specify): LLC	
		·		
Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:	/ 12 / 122	
Name		9 / 13 / 2015		
Organization Schlosser Forge Company/Alcoa, Inc.		8. Name of person(s) through whor	m made:	
Trade Name, if any		Name Scott Dietrich		
P.O. Box, Bidg., Room No., if any.		Name		
Street 201 Isabella Street		Name		
City Pittsburgh		Name		
State Pennsylvania	ZIP Code + 4 15212	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		14. Signed Michelle (
(If other title, see instructions)		Other (Cas-if-	(If other title, see instructions)	
Title Other (Specify)		Title Other (Specify	1	
Founder & CEO		Manager of Adm	unistration	
On 10/5/2015 843	3-314-0383	On 10/5/2015	843-314-0383	
Date	Telephone Number	Date	Telephone Number	

Filer. Peter List Kulture Consulting, LLC	File Number C- 00322			
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.):				
Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
Presented informational meetings to company employ role of the NLRB, and collective bargaining.	ees relative to the process of unionization, the			
fore of the NERB, and corrective bargarning.				
	<u>, </u>			
11.b. Period during which performed:	11.c. Extent performed:			
September 2015 - October 2015	Completed			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Peter List	Name John Henderson			
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street P.O. Box 2877	Street P.O. Box 2877			
City Pawleys Island	City Pawleys Island			
State South Carolina ZIP Code + 4 29585	State South Carolina ZIP Code + 4 29585			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
All full and regular part-time machine shop employees, including leads, machine operators, deburr, material handlers, forklift operators, and maintenance employees employed at the employer's 10601 Beech Avenue, Fontana, CA, location.	International Brotherhood of Teamsters, 166			

Specific Activities to be Performed (Continuation Page)

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

·		
11.b. Period during which performed:	11.c. Extent performed:	
September 2015 - October 2015	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Carlos Ortiz	Name Judy Castillo	
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC	
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street p.O. Box 2877	Street P.O. Box 2877	
City Pawleys Island	City Pawleys Island	
State South Carolina ZIP Code + 4 29585	State South Carolina ZIP Code + 4 29585	
Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:	
Name Vincent Ngo	Name Juan Negroni	
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street P.O. Box 2877	Street P.O. Box 2877	
City Pawleys Island	City Pawleys Island	
State South Carolina ZIP Code + 4 29585	State South Carolina ZIP Code + 4 29585	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All full and regular part-time machine shop employees, including leads, machine operators, deburr, material handlers, forklift operators, and maintenance employees employed at the employer's 10601 Beech Avenue, Fontana, CA, location.	International Brotherhood of Teamsters, 166	
	·	
·		
	•	