

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

7/11/31

1. File Number: C- 00322

Person Filing

2. Name and mailing address (include ZIP Code):

Name Peter A List

Title Founder & CEO

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any P.O. Box 2877

Street

City Pawleys Island

State South Carolina ZIP Code + 4 29585

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 19

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization Saint-Gobain Corporation

Trade Name, if any Saint-Gobain Ceramics & Plastics, Inc

P.O. Box, Bldg., Room No., if any

Street 168 CREEKSIDE DRIVE

City AMHERST

State New York ZIP Code + 4 14228

7. Date entered into:

9 / 11 / 2019

8. Name of person(s) through whom made:

Name Kelly Charnley

Name

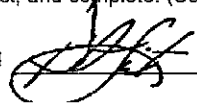
Name

Name

Name

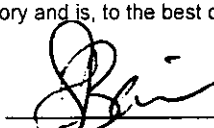
Signatures

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)

Title Other (Specify)

Founder & CEO

14. Signed  Treasurer
(If other title, see instructions)

Title Other (Specify)

Manager of Administration

On 10/7/2019 843-314-0383
Date Telephone Number

On 10/7/2019 843-314-0383
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.):

Oral agreement made through Kulture Consulting, LLC \$3,500 per day, plus actual and reasonable expenses. No formal agreement relative to duration or amount of hours to be performed.

Specific Activities to be Performed

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

a. Nature of activity:

Traveled to employer; met with management personnel; provided information to management and employees relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process, union organizing tactics, and collective bargaining; answered questions.

11.b. Period during which performed:

Various dates beginning 9/11/2019

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John A. Negroni

Organization The Tally Consultancy, LLC

P.O. Box, Bldg., Room No., if any PO Box 494

Street

City Norwalk

State Connecticut

ZIP Code + 4 06852

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All regular full-time and part-time Production, Maintenance, and Shipping, employed by the Employer at its Amherst, NY facility.

12.b. Identify subject labor organizations:

UNITED FOOD & COMMERCIAL WORKERS UNION