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

Aug 2 2 2019	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 78395			
1. File Number: C- 68691				
Person Filing				
Name and mailing address (include ZIP Code):		3. Any other address where records n	ecessary to verify this report are kept:	
Name Ronn	English	Name		
Title CEO		Title		
Organization The Alton Group, LLC		Organization		
P.O. Box, Bidg., Room No., if any #433		P.O. Box, Bldg., Room No., if any		
Street 712 Bancroft Rd		Street		
City Walnut Creek		City		
State California	ZIP Code + 4 94598	State	ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:				
Dec / 19	Dec / 19 a. Individual b. Partnership c. Corporation d. Other (Specify): LLC			
Nature of Agreement or Arrangemen	it			
6. Full name and address of employer w	/ith whom made (include ZIP Code):	7. Date entered into:	/ 24 / 2019	
Name Jessica Arnold		•	<u> </u>	
Organization Hudson's Bay Company		Name of person(s) through whom m		
Trade Name, if any Saks Fifth Ave		Name Peter L:	ist	
P.O. Box, Bldg., Room No., if any		Name		
Street 225 Liberty Street 31st Floor		Name		
City New York		Name		
State New York	ZIP Code + 4 10281	Name		
Signatures				
Each of the undersigned declares, under the information contained in any accommune, correct, and complete. (See Section 2)	npanying documents) has been examined	e penalties of law, that all of the information d by the signatory and is, to the best of the	on submitted in this report (including ne undersigned's knowledge and belief,	
13. Signed	President (If other title, see	14. Signed	Treasurer (If other title, see	
Title Other (Specify)	instructions)	Tiála	(If other title, see instructions)	
CEO		Title		
	3-314-0383	On	*-I-shana klasshan	
Date	Telephone Number	Date	Telephone Number	

Filer: Ronn English The Alton Group, LLC	File Number C- 68691			
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 exercise collectively through representatives of their own choosing.	exercising, the right to organize and bargain			
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 with Kulture Consulting, LLC \$280.00 per hour, plu expenses.	s actual and reasonable			

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 and collective bargaining; answered questions.

11.b. Period during which performed:	11.c. Extent performed:	
Various dates beginning 7/24/2019	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Peter A List	Name	
Organization Kulture Consulting, LLC	Organization	
P.O. Box, Bldg., Room No., if any PO Box 2877	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Pawleys Island	City	
State South Carolina ZIP Code + 4 29585	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Included: All full-time and part-time Business Managers, Beauty Advisors, and Fragrance Specialists in the Cosmetics and Fragrances Department employed by the Employer at its facility located at 700 N. Michigan Ave., Chicago, IL.	Retail Wholesale and Department Store Union, (RWDSU-UFCW)	
Excluded: All other employees, office clerical employees and guards, professional employees and supervisors, as defined by the Act.		

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