U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT AMENDED

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

706554



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.

1. File Number: C- 00322			
Person Filing			
Name and mailing address (include Z	(IP Code):	3. 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 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	
4. Date fiscal year ends: 5. Type of person:			
Dec / 19	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):		7. Date entered into: 1 / 16 / 2019	
Name		8. Name of person(s) through whom made:	
Organization Calumet Packaging			
Trade Name, if any		Name Jason Brandt	
P.O. Box, Bldg., Room No., if any		Name	
Street 10411 Hwy 1		Name	
City Shreveport		Name	
State Louisiana	ZIP Code + 4 71115	Name	
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed Title Other (Specify) Founder & CEO President (If other title, see instructions)		e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief, 14. Signed Title Other (Specify) Manager of Administration Treasurer (If other title, see instructions)	
On 6/24/2019 84	3-314-0383	On 6/24/2019 843-314-0383	
Date	Telephone Number	Date Telephone Number	
Form LM-20 (2003)	**	Page 1 of	

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.):			
Oral agreement made through Kulture Consulting, LLC \$375.00 per hour, per consultant, 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 and met with management; Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining. Answered related questions.			
11.b. Period during which performed:	11.c. Extent performed:		
January-February	Completed		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Kirk Cummings	Name		
Organization Cummings Group, LLC	Organization		
P.O. Box, Bldg., Room No., if any P.O. Box 882	P.O. Box, Bldg., Room No., if any		
Street	Street		
City Lapeer	City		
State Michigan ZIP Code + 4 48446	State ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All full-time and part-time production and maintenance employees, including crew leaders, blending, dock, inventory and QC employed by Calumet at its Shreveport, LA faciliity.	United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industry Service Workers International Union, AFL-CIO		