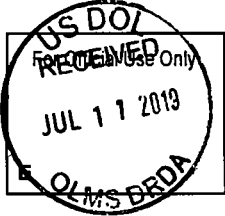


# FORM LM-20

## 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.

706790


1. File Number: C- 00676

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Carlos Ortiz	3. Any other address where records necessary to verify this report are kept:
Title Managing Partner	Name
Organization Solutions Labor Relations Consultants LL	Title
P.O. Box, Bldg., Room No., if any Suite 210-106	Organization
Street 7426 Cherry Avenue	P.O. Box, Bldg., Room No., if any
City Fontana	Street
State California	City
ZIP Code + 4 92336	State
ZIP Code + 4	ZIP Code + 4
4. Date fiscal year ends:	
Dec / 18	
5. Type of person:	
a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC	

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Julie Untiedt	7. Date entered into:
Organization Essendant, Inc.	4 / 16 / 2018
Trade Name, if any	8. Name of person(s) through whom made:
P.O. Box, Bldg., Room No., if any	Name Peter List
Street One Parkway North Boulevard	Name
City Deerfield	Name
State Illinois	Name
ZIP Code + 4 60015	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 Managing Partner

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

Title \_\_\_\_\_

On 7/6/2019 925-899-5617  
Date Telephone Number

On \_\_\_\_\_  
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 with Kulture Consulting, LLC; \$262.50 per hour, plus actual and reasonable expenses.

#### 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:

Various Dates Beginning 4/16/18

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Peter List

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

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 full-time and regularly scheduled part-time warehouse and production employees employed by the employer at its Bakersfield, CA and Perris, CA locations.

NO PETITION

12.b. Identify subject labor organizations:

Teamsters Local 1932 and Local 63

NO PETITION