

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

712068

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 STAPLES CONTRACT & COMMERCIAL, LLC

Trade Name, if any

P O Box, Bldg , Room No , if any

Street 181 HERROD BOULEVARD Suite 2

City Dayton

State New Jersey ZIP Code + 4 08810

7 Date entered into

10 / 21 / 2019

8 Name of person(s) through whom made

Name Ravi Falla

Name

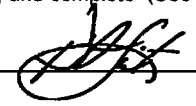
Name

Name

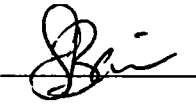
Name

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

On 11/18/2019 843-314-0383
Date Telephone Number

14 Signed  Treasurer
(If other title, see instructions)
Title Other (Specify)
Manager of Administration

On 11/18/2019 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 \$375 per hour, per consultant, 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 beginnging 10/21/2019

11 c Extent performed

Completed

11 d Name and address through whom performed

Name Ronn English

Organization The Alton Group, LLC

P O Box, Bldg , Room No , if any #433

Street 712 Bancroft Road

City Walnut Creek

State California ZIP Code + 4 94598

Additional Name and address through whom performed, if any

Name Quentin Nelson

Organization Noslen & Associates, LLC

P O Box, Bldg , Room No , if any PO Box 561

Street

City Blackwood

State New Jersey ZIP Code + 4 08012

12 a Identify subject groups of employees

Included All full-time and regular part-time delivery drivers, cover drivers, lead drivers and delivery 1 - furniture helpers employed by the Employer at its facility located at 181 Herrod Boulevard, Suite 2, Dayton, NJ

Ecluded All office clerical employees, loaders, managerial employees, professional employees, guards, and supervisors as defined in the Act

12 b Identify subject labor organizations

INTERNATIONAL BROTHERHOOD OF TEAMSTERS, LOCAL 701