

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

### AMENDED

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.

706770

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 / 18

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 Ingersoll Rand

Trade Name, if any Trane Commercial HVAC

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

Street 101 William White Boulevard

City Pueblo

State Colorado

ZIP Code + 4 81001

7. Date entered into:

9 / 3 / 2018

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

Name Mike Creamer

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 7/6/2019

Date

843-314-0383

Telephone Number

On 7/6/2019

Date

843-314-0383

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 \$350. 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 and from employer. Met with management and employees to discuss collective bargaining and labor disputes; Provided information 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 9/3/18

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

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

Additional Name and address through whom performed, if any:

Name Carlos Ortiz  
Organization Solutions Labor Relations Consultants LLC  
P.O. Box, Bldg., Room No., if any Suite 210-106  
Street 7426 Cherry Avenue  
City Fontana  
State California ZIP Code + 4 92336

12.a. Identify subject groups of employees:

INCLUDED: All full-time and regular part-time production employees, including but not limited to the following departments and/or positions: Maintenance, Lab, Shipping/Receiving, and Engineering Specialists.

EXCLUDED: All supervisors (including Managers, Work Group Managers and Interim Managers), Engineers, Guards, EHS Department, Salaried, Office Clerical, Confidential, Professional, Temporary, and Contracted Employees, as defined in the Act.

12.b. Identify subject labor organizations:

United Food and Commercial Workers Union Local 7

Filer: Peter List      Kulture Consulting, LLC	File Number C- 00322
--	----------------------

Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Traveled to and from employer. Met with management and employees to discuss collective bargaining and labor disputes; Provided information 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.</p>	
<p>11.b. Period during which performed:</p> <p>September-October 2018</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name    Kirk                                  Cummings</p> <p>Organization Cummings Group, LLC</p> <p>P.O. Box, Bldg., Room No., if any PO Box 882</p> <p>Street</p> <p>City Lapeer</p> <p>State Michigan                                  ZIP Code + 4 48446</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name    Ronn                                  English</p> <p>Organization The Alton Group, LLC</p> <p>P.O. Box, Bldg., Room No., if any #433</p> <p>Street 712 Bancroft Road</p> <p>City Walnut Creek</p> <p>State California                                  ZIP Code + 4 94598</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name    Luisa                                  M Perez</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any Ste 155, #132</p> <p>Street 1751 Pine Island Road</p> <p>City Cape Coral</p> <p>State Florida                                  ZIP Code + 4 33909</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name    John                                  A Negroni</p> <p>Organization The Tally Consultancy, LLC</p> <p>P.O. Box, Bldg., Room No., if any PO Box 494</p> <p>Street</p> <p>City Norwalk</p> <p>State Connecticut                                  ZIP Code + 4 06852</p>
<p>12.a. Identify subject groups of employees:</p> <p>INCLUDED: All full-time and regular part-time production employees, including but not limited to the following departments and/or positions: Maintenance, Lab, Shipping/Receiving, and Engineering Specialists.</p> <p>EXCLUDED: All supervisors (including Managers, Work Group Managers and Interim Managers), Engineers, Guards, EHS Department, Salaries, Office Clerical, Confidential, Professional, Temporary, and Contracted Employees, as defined in the Act.</p>	<p>12.b. Identify subject labor organizations:</p> <p>United Food and Commercial Workers Union Local 7</p>

**Specific Activities to be Performed (Continuation Page)**

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

## a. Nature of activity:

Traveled to and from employer. Met with management and employees to discuss collective bargaining and labor disputes; Provided information 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:  
September-October 2018

11.c. Extent performed:  
Ongoing

11.d. Name and address through whom performed:

Name Oscar Wilmington

Organization

P.O. Box, Bldg., Room No., if any Box 115

Street 2017 Lomita Boulevard

City Lomita

State California ZIP Code + 4 90717

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

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

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:

INCLUDED: All full-time and regular part-time production employees, including but not limited to the following departments and/or positions: Maintenance, Lab, Shipping/Receiving, and Engineering Specialists.

EXCLUDED: All supervisors (including Managers, Work Group Managers and Interim Managers), Engineers, Guards, EHS Department, Salaries, Office Clerical, Confidential, Professional, Temporary, and Contracted Employees, as defined in the Act.

12.b. Identify subject labor organizations:

United Food and Commercial Workers Union Local 7