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. 88-257, 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.  MS DESCRIPTION OF THE PROPERTY				
1. File Number: <b>C-</b> 62694	•			
*** 611				
Person Filing				
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name Rian	Wathen	Name		
Title		Title		
Organization Independent Center for Worker Education		Organization		
P.O. Box, Bldg., Room No., if any #201		P.O. Box, Bldg., Room No., if any		
Street 8206 Rockville Road		Street		
City Indianapolis		City		
State Indiana	ZIP Code + 4 46214	State	ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:			
Dec / 18	a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangemen	t			
6. Full name and address of employer w	rith whom made (include ZIP Code):	7. Date entered into:	26 / 2018	
Name Dale Dudek		· · · · · · · · · · · · · · · · · · ·		
Organization GENCO INFRASTRUCTURE SOLUTIONS, INC.		Name of person(s) through whom made:		
Trade Name, if any FEDEX SUPPLY CHAIN		Name Peter List		
P.O. Box, Bldg., Room No., if any		Name		
Street 100 Paper Craft Park		Name		
City Pittsburgh		Name		
State Pennsylvania	ZIP Code + 4	Name		
	Signa	ntures	· · · · · · · · · · · · · · · · · · ·	
	panying documents) has been examined	penalties of law, that all of the information su l by the signatory and is, to the best of the und		
13. Signed	President (If other title, see instructions)	14. Signed	Treasurer (If other title, see instructions)	
Title President		Title	•	
On <u>7/9/2019</u> 31	7-850-0990	On		
Date	Telephone Number	Date Te	lephone Number	

Filer: Rian Wathen Independent Center for Worker Education	File Number C-			
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 \$245.00 per hour, pluexpenses.	s actual and reasonable			

## Specific Activities to be Performed

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

MATERIAL HANDLER, TRUCK DRIVER'S (LIGHT, MEDIUM, HEAVY) WOODWORKERS, PERFORMING WORK AT THE COMPANY'S FACILITY AT THE NAVAL AIR STATION

JACKSONVILLE, FLORIDA.

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 2/26/2018	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Peter List	Name	
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	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Included: ALL FULL AND REGULAR PART-TIME TIME ORDER FILLERS, STOCK CLERKS, STOCK CLERK'S INVENTORY, STOCK CLERK'S QC, STOCK CLERK'S QC LEAD,STOCK CLERK CUSTOMER SERVICE, WAREHOUSE SPECIALIST, MECHANIC, MATERIAL HANDLER, SHIPPER/PACKAGE, S/P LEAD FMS, S/P FMS, S/P TRANS, SHIPPING/RECEIVING, GENERAL CLERK 2, TEMP, WAREHOUSE SPECIALIST LEAD, TEMP WAREHOUSE, TEMP	INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO -PETITION WITHDRAWN	

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