

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



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.

702400

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 Strategic Resources, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any Suite 600 W

Street 7927 Jones Branch Drive

City McLean

State Virginia

ZIP Code + 4 22102

7. Date entered into:

3 / 21 / 2019

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

Name Rose McElrath-Slade

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

Other (Specify)

Founder & CEO

President
(If other title, see
instructions)

14. Signed

Other (Specify)

Manager of Administration

Treasurer
(If other title, see
instructions)

On 4/11/2019

Date

843-314-0383

Telephone Number

On 4/11/2019

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.):

Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

Specific Activities to be Performed

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

a. Nature of activity:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

11.b. Period during which performed:

March-April

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Ronn English
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 Quentin Nelson
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

12.a. Identify subject groups of employees:

Included: All full-time and regular part-time Military Family Life Counselor (MFLC) employees employed by the Employer performing work on the MFLC III Program, which is located at Buckley Air Force Base in Aurora, Colorado, and the US Air Force Academy, and Schriever Air Force Base in Colorado Springs, Colorado.

Excluded: All other employees, managers, office clericals, guards, and supervisors as defined.

12.b. Identify subject labor organizations:

International Association of Machinists & Aerospace Workers, AFL-CIO

-Petition Withdrawn

Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.

11.b. Period during which performed:

March-April

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Joanne Gitto-Davis

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

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

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Additional Name and address through whom performed, if any:

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Organization

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-Petition Withdrawn