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



1. File Number:

C- 00322

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.

53904

Person Filing			
Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:	
Name Peter A	List	Name	
Title Founder & CEO		Title	
Organization Kulture Consulting, LLC		Organization	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Street 759 Bloomfield Avenue, #301		Street 305 Eisenhower Parkway	
City West Caldwell		City Livingston	
State New Jersey	ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07039	
4. Date fiscal year ends: 5. Type of person:			
Dec / 13	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):		7. Date entered into: 12 / 11 / 2013	
Name		O Married Annual (A)	
Organization Northeast Electrical Distributors		8. Name of person(s) through whom made:	
Trade Name, if any		Name Kathleen O'Rourke	
P.O. Box, Bldg., Room No., if any		Name	
Street 560 Oak Street		Name	
City Brockton		Name	
State	ZIP Code + 4 02301	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 VIVon penalties in the instructions.)			
13. Signed	President (If other title, see	14. Signed Michelle Collegiande Treasurer (If other title, see	
Title Other (Specify)	instructions)	Title Other (Specify) instructions)	
Founder & CEO		Manager of Administration	
On 12/23/2013 97:	3-403-9901	On 12 23 2013 973-403-9901	
Date	Telephone Number	Date Telephone Number	
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Filer Peter List Kulture Consulting, LLC	File Number C- 00322			
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.				
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Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions):				
a. Nature of activity:				
Conducted Employee Relations discussions with employees.				
11.b. Period during which performed:	11.c. Extent performed:			
12/13	12/13			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Juan Negroni	Name			
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 759 Bloomfield Avenue, #301	Street 759 Bloomfield Avenue, #301			
City West Caldwell	City West Caldwell			
State New Jersey ZIP Code + 4 07006	State New Jersey ZIP Code + 4 07006			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
NO PETITION	NO PETITION			