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. 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 CAREFUL	LY BEFORE PREPARING THIS REPORT. 684 734		
1. File Number: C- 00322			
· · · · · · · · · · · · · · · · · · ·			
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 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		
4. Date fiscal year ends: 5. Type of person:			
Dec / 18 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:		
Name	7 / 18 / 2018		
Organization Brose North America	8. Name of person(s) through whom made:		
Trade Name, if any Brose Belvidere, Inc.	Name Gloria Blanchard		
P.O. Box, Bldg., Room No., if any	Name		
Street 725 Logistics Drive	Name		
City Belvidere	Name		
State Illinois ZIP Code + 4 61008	Name		
Signatures			
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VI) on penalties in the instructions.)	by the signatory and is, to the best of the undersigned's knowledge and belief,		
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see		
Title Other (Specify) instructions) Founder & CEO	Title Other (Specify) instructions) Manager of Administration		
On 10/15/2018 843-314-0383	On 10/15/2018 843-314-0383		

Date

Telephone Number

Telephone Number

Date

Filer:	Peter List	Kulture Consulting, LLC	File Number C-	00322
4	*		-	
9. Cł	eck the appropriate	box to indicate whether an object of the activities undertaken, is directly or indirectly:		

Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
a. X To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain
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.
such employer, except information for use solely in conjunction with an administrative of arbitrar proceeding or a difficultation of dvir judicial proceeding.

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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.c. Extent performed:		
Completed		
Additional Name and address through whom performed, if any:		
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		
12.b. Identify subject labor organizations:		
United Auto Workers Local 1268		

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