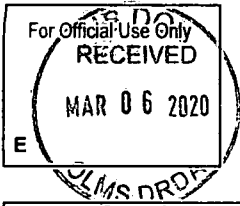


# FORM LM-20

## 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 CAREFULLY BEFORE PREPARING THIS REPORT.

718918

1. File Number: C- 68687

### Person Filing

2. Name and mailing address (include ZIP Code):

Name Luisa M Perez

Title

Organization

P.O. Box, Bldg., Room No., if any Ste. 155, #132

Street 1751 Pine Island Rd.

City Cape Coral

State Florida ZIP Code + 4 33909

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 / 20

5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Jacob Stanton

Organization Leader Automotive Group

Trade Name, if any Kia of Lincolnwood

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

Street 1561 N Fremont St

City Chicago

State Illinois ZIP Code + 4 60642

7. Date entered into:

2 / 6 / 2020

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

Name Peter List

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 [Signature]

President  
(If other title, see  
instructions)

Title Other (Specify)

Individual

14. Signed \_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title \_\_\_\_\_

On 3/4/2020 313-595-7570

Date

Telephone Number

On \_\_\_\_\_

Date

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 with Kulture Consulting, LLC \$2,625 per day, plus actual and reasonable expenses.

#### Specific Activities to be Performed

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

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:

Various days beginning 2/6/2020

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Peter List

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

12.a. Identify subject groups of employees:

All full-time and regular part-time Service Technicians including journeymen, apprentices, semi-skilled and lube rack techs employed by the Employer at its facility located at 6750 Lincoln Ave., and the Hyundai facility located at 6747 Lincoln Ave., Lincolnwood, IL.

Excluded: All other employees, parts department, service writers, porters, sales employees, managerial employees, office clerical employees and guards, professional employees and supervisors as defined by the Act.

12.b. Identify subject labor organizations:

Local Lodge 701, International Association of Machinists & Aerospace Workers AFL-CIO