

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.

706721

1. File Number: C-68697

Person Filing

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

Name Joanne G Davis

Title

Organization

P.O. Box, Bldg., Room No., if any Suite 140

Street 1700 Bent Creek Boulevard

City Mechanicsburg

State Pennsylvania ZIP Code + 4 17050

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 / 18

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 Joseph LaRosa

Organization Sugar House Casino, HSP

Trade Name, if any

P.O. Box, Bldg., Room No., if any 8th Floor

Street 1080 North Delaware Avenue

City Philadelphia

State Pennsylvania ZIP Code + 4 19125

7. Date entered into:

1 / 5 / 2013

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 Joanne G. Davis

President
(If other title, see
instructions)

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Other (Specify)

Title _____

Individual

On 7/3/2019 717-877-6265
Date Telephone Number

On _____
Date Telephone Number

Filer: Joanne Davis

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; \$2,100. 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 and from employer. Engaged in new hire orientation and explained union card signing tactics and answered questions.

11.b. Period during which performed:

Various Dates Beginning 1/1/18

11.c. Extent performed:

Ongoing 2018

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:

NO PETITION

12.b. Identify subject labor organizations:

NO PETITION