U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

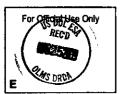
Month/Day/Year

31 / 2008

(mm/dd/yyyy)

12 /

This report is mandatory under P.L. 88-257, 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



1 . File Number C- 00322

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

By This Report From:

Month/Day/Year (mm/dd/yyyy)

01 / 2008

Through:

01 /

| A. Person Filing | | |
|---|-------------------------|---|
| Name and mailing address (include ZIP Code) | 4. Any ot | ner address where records necessary to verify this report are kept: |
| Name Peter Lis | t Name | |
| Title Founder & CEO | Title | |
| Organization Kulture Consulting, L | LC Organ | zation |
| P.O. Box, Building and Room Number, if any | P.O. E | ox, Building and Room Number, if any |
| Street 759 Bloomfield Avenue, #3 | 01 Street | |
| City West Caldwell | City | |
| State New Jersey | IP Code + 4 07006 State | ZIP Code + 4 |

| Signatures | | | | | |
|--|--|--|--|--|--|
| Each of the undersigned declares, under penalty of perjury and information contained in arty accompanying documents) has correct, and complete. (See the Section on penalties in the | s been examined by the | | | | |
| 17. Signed Title Other (Specify) Founder & CEO | President (if other title, see instructions) | 18. Signed Michael S Title Treasurer | Treasurer (If other title, see instructions) | | |
| On 3/19/09 973-403-9901 Date Telephone Number | | V | 73-403-9901 Telephone Number | | |

Name of Person Filing: Peter List File Number C- 00322

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice 5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any Employer Westrum Development Street 370 Commerce Drive Trade Name Attention To Tom City McHale Fort Washington State Pennsylvania ZIP Code + 4 19034 Title 5.b. Termination Date 12/12/2007 5.c. Amount 6,297 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2, 253, 016

| C. Statement of Disbursements | Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B. | | | | | | |
|--|---|------------|-----------|--------|-----------|---|--|
| 7. Disbursements to Officers and Empl (a) Name | | (b) Salary | (c) Expen | ses (ı | d) Totals | | |
| | | | | | | 9. Office and Administrative Expenses | |
| | | | | | | 10. Publicity | |
| | | | | | | 11. Fees for Professional Services | |
| <u> </u> | | | | | | 12. Loans Made | |
| | | | | | | 13. Other Disbursements | |
| 8. Total disbursements to officers a | nd employees: | | | | | 14. Total Disbursements (Sum of Items 8-13) | |

| D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part I instructions. | | | | |
|--|--|--|--|--|
| 15.a. Employer Name: | 15.b. Trade Name, If any: | | | |
| Kulture, LLC | | | | |
| 15.c. To Whom Paid | 15.d. Amount 2,253,016 | | | |
| Name | 15.e. Purpose | | | |
| Title | Disbursements were made to the Officers, | | | |
| Organization Kulture, LLC | Consultants, and employees of Kulture, LLC for the purpose of Labor Relations advice and expenses. | | | |
| P.O. Box, Building and Room Number, if any | | | | |
| Street 759 Bloomfield Avenue, #301 | | | | |
| City West Caldwell | | | | |
| State New Jersey ZIP Code + 4 | 07006 | | | |

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| with labor relations advice or services regardless of the purposes of the |
|--|
| Mailing Address: P.O. Box, Bldg., Room No., if any |
| |
| Street 7230 Morgan Road |
| City Liverpool |
| State New York ZIP Code + 4 13088 |
| 5.c. Amount 22,618 |
| Mailing Address: |
| P.O. Box, Bldg., Room No., if any |
| Out one make the second of the |
| Street 825 Berkshire Boulevard |
| City Wyomissing |
| State Pennsylvania ZIP Code + 4 19610 |
| 5.c. Amount 306, 590 |
| Mailing Address: |
| P.O. Box. Bida Room No if any |
| |
| Street 305 W. Bristol Road |
| City Warminster |
| State Pennsylvania ZIP Code + 4 18974 |
| 5.c. Amount 23,988 |
| Mailing Address: P.O. Box, Bldg., Room No., if any |
| |
| Street 481 A East Shore Parkway |
| City New Haven |
| State Connecticut ZIP Code + 4 06512 |
| 5.c. Amount 3,725 |
| Mailing Address: |
| P.O. Box, Bidg., Room No., if any |
| |
| Street 615 West Deliah Road |
| City Pleasantville |
| State New Jersey ZIP Code + 4 08232 |
| 5.c. Amount 3,710 |
| |
| Mailing Address: |
| Mailing Address: P.O. Box. Bldg Room No if anv |
| P.O. Box. Bldg Room No if any |
| · · |
| P.O. Box. Bidd Room No if anv Street 2917 Penn Forest Boulevard City Roanoke |
| P.O. Box. Bldc Room No if anv Street 2917 Penn Forest Boulevard |
| |

| Name of Person Filing: Peter List | File Number C- 00322 | | |
|---|--|--|--|
| B. Statement of Receipts Report all receipts from employers in connection advice or services. | with labor relations advice o | r services regardless of the purposes of the | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bidg., Room No., if any | | |
| Employer Price Rite | | ,, | |
| Trade Name | Street 160 Silas I | Deane Highway | |
| Attention To: Kathy Freedman | City Wethersfiel | | |
| Title | State Connecticut | ZIP Code + 4 06109 | |
| 5.b. Termination Date | 5.c. Amount 188,411 | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres | | |
| Employer Ben-Mar Construction | . O. Box, Blog., Noon | | |
| Trade Name | Street 366 Old Whi | te Horse Pike | |
| Attention To: Tim Aglialoro | City Waterford W | Jorks | |
| Title | State New Jersey | ZIP Code + 4 08089 | |
| | The New Delacy | | |
| 5.b. Termination Date 4/7/2008 | 5.c. Amount 3,500 | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres | | |
| Employer Interline Brands | P.O. Box, Bldg., Room N | No., if anv | |
| | Charle 200 E David | Drive, Suite 200 | |
| Trade Name | | DIIVE, Builte 200 | |
| Attention To: Annette Riccuiti | City Moorestown | ZIP Code + 4 08054 | |
| Title | State New Jersey | 217 Cods + 4 08054 | |
| 5.b. Termination Date 4/8/2008 | 5.c. Amount 17,913 | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address | | |
| Employer H.P. Hood/ Rosenberger Dairies | P.O. Box, Bldg., Room N | vo., ir any | |
| Trade Name | Street 6 Kimball L | ane | |
| | | | |
| Attention To: Bruce Bacon Title | • | ziP Code + 4 ₀₁₉₄₀ | |
| Title | State Massachuset | ts 25 000 1 01940 | |
| 5.b. Termination Date 4/11/2008 | 5.c. Amount 185,009 | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres | | |
| Employer GKN Aerospace Monitor, Inc. | P.O. Box. Blda Room N | No., IT anv | |
| • • | Pinet 1000 Nov Ho | rizons Boulevard | |
| Trade Name | | LIZOND BOUTEVALU | |
| Attention To: Bob Francis | City Amityville | 7ID Codo + 4 | |
| Title | State New York | ZIP Code + 4 11701 | |
| 5.b. Termination Date 4/17/2008 | 5.c. Amount 50, 788 | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres | | |
| Employer Bobby D Provisions | P.O. Box, Bldg., Room N | No., if any | |
| Trade Name | Street 160 N. Macq | uesten Parkway | |
| Attention To: Rod Dente | City Mount Verno | - | |
| Title | State New York | ZIP Code + 4 10553 | |
| 5.b. Termination Date 4/19/2008 | 5.c. Amount 1,650 | | |
| Form LM-21 (2003) | Sier Faireach . | Page 4 of | |

| B. Statement of Receipts Report all receipts from employers in connection advice or services. | with labor relations advice or services regardless of the purposes of the |
|---|---|
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if any |
| Employer Trump Entertainment Resorts | |
| Trade Name | Street 1000 Boardwalk |
| Attention To: Craig Keyser | City Atlantic City |
| Title | State New Jersey ZIP Code + 4 08401 |
| 5.b. Termination Date 5/7/2008 | 5.c. Amount 9,944 |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: |
| Employer Alexandria Transit | P.O. Box, Bldg., Room No., if any |
| Trade Name | Street 116 South Quaker Lane |
| Attention To: Sandy Modell | City Alexandria |
| Title | • |
| | T |
| 5.b. Termination Date 5/8/2008 | 5.c. Amount 56,290 |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: |
| Employer New Breed Corporation | P.O. Box, Bldg., Room No., if any |
| Trade Name | Street 4043 Piedmont Parkway |
| ·· | |
| Attention To: Richard Valitutto | City High Point |
| Title | State North Carolina ZIP Code + 4 27265 |
| 5.b. Termination Date 5/13/2008 | 5.c. Amount 32,463 |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bidg., Room No., if any |
| Employer First Responder EMS, Inc. | |
| Trade Name | Street 333 Huss Drive, Suite 100 |
| Attention To: Bob Hall | City Chico |
| Title | State California ZIP Code + 4 95928 |
| 5.b. Termination Date 5/18/2008 | 5.c. Amount 96, 325 |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: |
| | P.O. Box, Bldg Room No if any |
| Employer Genco - GAF (Bridgewater, NJ) | |
| Trade Name | Street 100 Papercraft Park |
| Attention To: Mark Boyer | City Pittsburgh |
| Title | State Pennsylvania ZIP Code + 4 15238 |
| 5.b. Termination Date 6/11/2008 | 5.c. Amount 25, 137 |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: |
| Employer Penn National Gaming Corporation (June) | P.O. Box, Bldq., Room No., if any |
| Trade Name Empress Hotel & Casino (IL) | Street 825 Berkshire Boulevard |
| | |
| Attention To: Gene Clark | City Wyomissing |
| Title | State Pennsylvania ZIP Code + 4 19610 |
| | |

| Name of Person Filing: Peter List | File Number C- 00322 | | | |
|---|--|--|--|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if any | | | |
| Employer Phillips Feed & Pet Supply | | | | |
| Trade Name | Street 6969 Silver Crest Road | | | |
| Attention To: Blaine Phillips | City Bath | | | |
| Title | State Pennsylvania ZIP Code + 4 18014 | | | |
| 5.b. Termination Date 6/13/2008 | 5.c. Amount 82,977 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if any | | | |
| Employer Onegreat Burger Company | Object 1150 T. Donald Objects | | | |
| Trade Name | Street 1162 E. Broad Street | | | |
| Attention To: Marc Cinque | City Elizabeth State New Jersey ZIP Code + 4 07201-1005 | | | |
| Title | State New Jersey ZIP Code + 4 07201-1005 | | | |
| 5.b. Termination Date 4/7/2008 | 5.c. Amount 4,087 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box. Bldg Room No if anv | | | |
| Employer Accord Health | | | | |
| Trade Name | Street 2500 Boulevard of the Generals | | | |
| Attention To: Jim Mulroy | City Norristown | | | |
| Title | State Pennsylvania ZIP Code + 4 19403 | | | |
| 5.b. Termination Date 7/21/2008 | 5.c. Amount 23,085 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if any | | | |
| Employer Bollinger Electric | | | | |
| Trade Name | Street 514-528 N. Madison Street | | | |
| Attention To: William S Dietrich | City Allentown | | | |
| Title | State Pennsylvania ZiP Code + 4 18102 | | | |
| 5.b. Termination Date 7/31/2008 | 5.c. Amount 9, 993 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bidg., Room No., if any | | | |
| Employer HydroChem Industrial Services | F.O. DOA, BIOM.: ROUTH 190.: II BITY | | | |
| Trade Name | Street 900 Georgia Avenue | | | |
| Attention To: William C Frederking | City Deer Park | | | |
| Title | State Texas ZIP Code + 4 77536 | | | |
| 5.b. Termination Date 7/28/2008 | 5.c. Amount 11,715 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box. Bldg., Room No., if any | | | |
| Employer Pinnacle Food Group, LLC | , .o, cox. blog., room ro., ii diiy | | | |
| Trade Name | Street One Old Bloomfield Road | | | |
| Attention To: Kelley Maggs | City Mountain Lakes | | | |
| Title | State New Jersey ZIP Code + 4 07046 | | | |
| | 100007 | | | |

5.c. Amount 33,252

5.b. Termination Date 8/5/2008

| Name of Person Filing: Peter List | File Number C- 00322 | | | |
|---|---|--|--|--|
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if any | | | |
| Employer Penn National Gaming Corporation (July) | | | | |
| Trade Name Empress Hotel & Casino (IL) | Street 825 Berkshire Boulevard | | | |
| Attention To: Gene Clark | City Wyomissing | | | |
| Title | State Pennsylvania ZiP Code + 4 19610 | | | |
| 5.b. Termination Date 8/11/2008 | 5.c. Amount 67,943 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if any | | | |
| Employer Waste Management - Washington DC | | | | |
| Trade Name | Street 1001 Fannin, Suite 4000 | | | |
| Attention To: Mark Schwartz | City Houston | | | |
| Title | State Texas ZIP Code + 4 77002 | | | |
| 5.b. Termination Date 8/15/2008 | 5.c. Amount 53,987 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box. Bldg., Room No., if any | | | |
| Employer Performance Food Group | F.O. Box, Blug., Room No., II any | | | |
| Trade Name | Street 255 North Driver Road | | | |
| Attention To: Lloyd Ralphs | City Shafter | | | |
| Title | State California ZIP Code + 4 93263 | | | |
| 5.b. Termination Date 9/11/2008 | 5.c. Amount 34,970 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: | | | |
| Employer AmerisourceBergen (California) | P.O. Box, Bidg., Room No., if any | | | |
| Trade Name | Street 24903 Avenue Kearny | | | |
| Attention To: Michael Miller | City Valencia | | | |
| Title | State California ZIP Code + 4 91355 | | | |
| | | | | |
| 5.b. Termination Date 9/8/2008 | 5.c. Amount 137,350 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if any | | | |
| Employer Davis Modern Heating & Cooling | | | | |
| Trade Name | Street 20 Eagleville Road | | | |
| Attention To: Tom Weldon | City Eagleville | | | |
| Title | State Pennsylvania ZIP Code + 4 19403 | | | |
| 5.b. Termination Date 9/9/2008 | 5.c. Amount 1,542 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: | | | |
| Employer Penn National Gaming Corporation | P.O. Box. Bidg Room No., if any | | | |
| Employer Charles Town Races & Slate | Others D. O. Boy EE1 | | | |

Street P.O. Box 551

City Charles Town

State West Virginia

5.c. Amount 76,348

Title

Attention To: Karen

5.b. Termination Date 9/23/2008

Trade Name Charles Town Races & Slots

Raffo

ZIP Code + 4 25414

| Name of Person Filing: Peter List | File Number C- 00322 | |
|---|---|--|
| B. Statement of Receipts Report all receipts from employers in connection advice or services. | n with labor relations advice or | services regardless of the purposes of the |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres | |
| Employer AmerisourceBergen (Alabama) | P.O. Box, Bidg., Room N | o., if any |
| | Street 170 G-L-L- | 77-11 D |
| Trade Name | Street 172 Cahaba | valley Parkway |
| Attention To: Jeff Rehovsky Title | City Pelhem State Alabama | ZIP Code + 4 35124 |
| | | 211 000 + 4 35124 |
| 5.b. Termination Date 10/3/2008 | 5.c. Amount 109,913 | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres P.O. Box, Bldg., Room N | |
| Employer Dattco, Inc. | P.O. BOX, Blug., ROOM N | U., H driy |
| Trade Name | Street 583 South S | treet |
| Attention To: Pamela Martinez | City New Britain | |
| Title | State Connecticut | |
| | | |
| 5.b. Termination Date 10/14/2008 | 5.c. Amount 5,465 | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres | |
| Employer Genco | P.O. Box, Bldg., Room N | o If anv |
| Trade Name Capital Returns | Street 6101 N. 64t | h Street |
| Attention To: Mark Boyer | City Milwaukee | |
| Title | State Wisconsin | ZIP Code + 4 53218 |
| | | |
| 5.b. Termination Date 10/17/2008 | 5.c. Amount 219,653 | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres P.O. Box, Bidg., Room N | |
| Employer Centric, Group | F.O. BOX, Biog., ROOM N | o., a any |
| Trade Name Keefe Group | Street 1260 Andes | Boulevard |
| Attention To: Cynthia S Murdoch | City St. Louis | |
| Title | State Missouri | ZIP Code + 4 63132 |
| 5.b. Termination Date 10/21/2008 | 5.c. Amount 43, 275 | |
| | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres P.O. Box, Bldg., Room N | |
| Employer Smarte Carte | | |
| Trade Name | Street 4455 White I | Bear Parkway |
| Attention To: Kurt Larsen | City St. Paul | |
| Title | State Minnesota | ZIP Code + 4 55110 |
| 5.b. Termination Date 11/18/2008 | 5.c. Amount 46,310 | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Addres | s; |
| | P.O. Box. Blda., Room N | |
| Employer Truth North Custom Publishing | | |
| Trade Name Sunshine Media | Street 735 Broad St | creet, Suite 708 |
| | | |
| Attention To: Ann Farmer | City Chattanooga | |
| | City Chattanooga State Tennessee | ZIP Code + 4 37402 |

| Name of Person Filing: Peter List | Fil | File Number C- 00322 | | |
|--|---|--|--|--|
| B. Statement of Receipts Report all receipts from employers in connect advice or services. | ion with labor relations advice or serv | ices regardless of the purposes of the | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if | - | | |
| Employer Benchmark Assisted Living | ,,,, | | | |
| Trade Name | Street 40 William Stre | eet, Suite 350 | | |
| Attention To: Jill Haselman | City Wellesley | | | |
| Title | State Massachusetts | ZIP Code +4 02481-3904 | | |
| 5.b. Termination Date 12/18/2008 | 5.c. Amount 4,348 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if | anv | | |
| Employer Fresh Direct, Inc. | 1.0. 500, 5104., 100.7710., 11. | carry | | |
| Trade Name | Street 23-30 Borden Av | venue | | |
| Attention To: Jim Moore | City Long Island Cit | | | |
| Title | State New York | ZIP Code + 4 11011 | | |
| , | I New 101K | | | |
| 5.b. Termination Date 10/11/2007 | 5.c. Amount 136,306 | <u>,</u> | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: | | | |
| Employer Lancaster Preferred Partners, LLC | P.O. Box. Blda Room No if | anv | | |
| • • | e 2010 014 m v | Danif ann | | |
| Trade Name | Street 2919 Old Tree I | Drive | | |
| Attention To: Jerry Callahan | City Lancaster | | | |
| Title | State pennsylvania | ZIP Code + 4 17603 | | |
| 5.b. Termination Date 11/20/2007 | 5.c. Amount 42,763 | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box, Bldg., Room No., if | any | | |
| Employer | | | | |
| Trade Name | Street | | | |
| Attention To: | City | | | |
| Title | State | ZiP Code + 4 | | |
| 5.b. Termination Date | 5.c. Amount | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: P.O. Box. Bldg., Room No., if | any | | |
| Employer | F.O. DOX. Didg., NOOH NO., II (| mit. | | |
| Trade Name | Street | | | |
| Attention To: | City | | | |
| Title | State | ZIP Code + 4 | | |
| 5.b. Termination Date | 5.c. Amount | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | Mailing Address: | | | |
| and the same of th | P.O. Box. Bldg., Room No., if | anv | | |
| Employer | | | | |
| Trade Name | Street | | | |
| Attention To: | City | | | |
| Title | State | ZIP Code + 4 | | |
| 5.b. Termination Date | 5.c. Amount | W (| | |
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