

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00322

388436

Person Filing

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

Name Peter A List

Title Founder & CEO

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey

ZIP Code + 4 07006

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 / 9

5. Type of person:

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):

Name

Organization Seneca Gaming Corporation

Trade Name, if any

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

Street 310 Fourth Street

City Niagara Falls

State New York

ZIP Code + 4

7. Date entered into:

1 / 23 / 2009

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

Name Rajat Shah

Name

Name

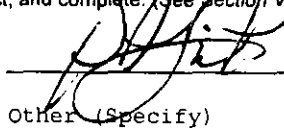
Name

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



President
(If other title, see instructions)

Title Other (Specify)

Founder & CEO

On 3/9/2009

Date

973-403-9901

Telephone Number

14. Signed



Treasurer
(If other title, see instructions)

Title Other (Specify)

Secretary & Treasurer

On 3/9/2009

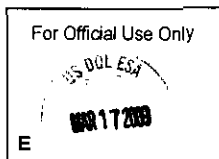
Date

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1. File Number: C- 00322

Person Filing

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

Name Peter A List

Title Founder & CEO

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey

ZIP Code + 4 07006

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Title

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

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Dec / 9

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

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Trade Name, if any

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

Street 310 Fourth Street

City Niagara Falls

State New York

ZIP Code + 4

7. Date entered into:

1 / 23 / 2009

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

Name Rajat Shah

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

Title Other (Specify)

Founder & CEO

President
(If other title, see
instructions)

On 3/9/2009

Date

973-403-9901

Telephone Number

14. Signed

Title Other (Specify)

Secretary & Treasurer

Treasurer
(If other title, see
instructions)

On 3/9/2009

Date

973-403-9901

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.):

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:

Provided information to employees with respect to union organizing tactics.

11.b. Period during which performed:

1/09 - 2/09

11.c. Extent performed:

2/09

11.d. Name and address through whom performed:

Name James Hulsizer

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name Ronn English

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, No. 301

City West Caldwell

State New Jersey ZIP Code + 4 07006

12.a. Identify subject groups of employees:

UNIT UNKNOWN - NO PETITION

12.b. Identify subject labor organizations:

United Auto Workers - NO PETITION

Filer: Peter List Kulture Consulting, LLC	File Number C- 00322
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Specific Activities to be Performed (Continuation Page)	
11. For each activity, separately list in detail the information required (See instructions): a. Nature of activity: Provided information to employees with respect to union organizing tactics.	
11.b. Period during which performed: 1/09 - 2/09	11.c. Extent performed: 2/09
11.d. Name and address through whom performed: Name John Henderson Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any Street 759 Bloomfield Avenue, #301 City West Caldwell State New Jersey ZIP Code + 4 07006	Additional Name and address through whom performed, if any: Name Quentin Nelson Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any Street 759 Bloomfield Avenue, #301 City West Caldwell State New Jersey ZIP Code + 4 07006
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	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:	12.b. Identify subject labor organizations: