*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 CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: C- 00322 **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Peter A List Title Title Founder & CEO 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 Individual b. Partnership c. Corporation d. Other (Specify): LLC **Nature of Agreement or Arrangement** 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): 2018 Name 8. Name of person(s) through whom made: Organization Brenntag Great Lakes Name Anne Mazza Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 4420 N. Harley Davidson Avenue City Wauwatosa Name ZIP Code + 4 53225 State Wisconsin 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 14. Signed Treasurer								
is. signed	17/1		(If other title, see	14. Signed	(pe~	/	(If other title, see	
	Other (Specify)		instructions)	Title	Other (Consider)		instructions)	
Title					Other (Specify)			
	Founder & CEO				Manager of Administration			
On	2/21/2018	843-314-0383		On	2/21/2018	843-314-0383		
	Date	Telephone Number	er		Date	Telephone Number		
		•				•		

No -							
Filer: Peter List Kulture Consulting, LLC		File Number C- 00322					
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 instruct	one).	•					
	ons).						
a. Nature of activity:							
Met with employees to discuss labor relations and union-organizing tactics.							
	•						
11.b. Period during which performed:	11 a Extent performed						
January-February	11.c. Extent performed: Completed						
		a through whom porformed if any					
11.d. Name and address through whom performed:		s through whom performed, if any:					
Name Kirk Cummings	Name						
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					
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	organizations:					
All full-time and part-time Warehouse employees employed by the employer located at 4420 N. Harley Davidson Ave, Wauwatosa, WINO PETITION	International Brot	herhood of Teamsters					