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: X1.9 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Ronn English Title CEO Title Organization The Alton Group Organization P.O. Box, Bldg., Room No., if any #433 P.O. Box, Bldg., Room No., if any Street Street 712 Bancroft Rd City City Walnut Creek State California ZIP Code + 4 94598 ZIP Code + 4 State 4. Date fiscal year ends: 5. Type of person: Individual b. Partnership c. Corporation d. Other (Specify): LLC Dec **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 3 / 2018 Name Mike Creamer 8. Name of person(s) through whom made: Organization Ingersoll Rand Name Peter List Trade Name, if any Trane Commercial HVAC Name P.O. Box, Bldg., Room No., if any Street 101 William White Boulevard Name City Pueblo Name ZIP Code + 4 81001 State Colorado 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 (If other title, see (If other title, see instructions) instructions) Other (Specify) Title CEO 7/6/2019 925-899-5617 On

Date

Telephone Number

Telephone Number

Filer: Ronn English The Alton Group	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.		
40. Torms and conditions (Evalois is detail; and instructions. Written personnets must be attached ):		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):		
Oral agreement made with Kulture Consulting, LLC; \$245. per hour, 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:	11.c. Extent performed:	
Various Dates Beginning 9/3/18	Ongoing	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Peter List	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 organizations:	
INCLUDED: All full-time and regular part-time production employees, including but not limited to the follwoing departments and/or positions: Maintenance, Lab, Shipping/Receiving, and Engineering Specialists.	l	
EXCLUDED: All supervisors (including Managers, Work Group Managers and Interim Managers), Engineers, Guards, EHS Department, Salaries, Office Clerical, Confidential, Professional, Temporary, and Contracted Employees, as defined in the Act.		

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