U.S. Department of Labor Office of Labor-Management Standards

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## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

For Official Use Only The

his report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil benaities 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.

Person Filling  2. Name and mailing address (include ZIP Code):  Name Peter A List  Title Pounder & CRO  Organization Rulture Consulting, LLC  Organization P.O. Box, Bidg., Room No., if any  Street P.O. Box 2877  City Pawleys Island  State South Carolina  ZIP Code + 4 29585  State  ZIP Code + 4  4. Date fiscal year ends: Dec / 15  a Individual b Partnership c Corporation d Cother (Specify): LLC  Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code): Name  Organization Trinitas Regional Medical Center  Organization Trinitas Regional Medical Center  Organization Trinitas Regional Street  Name  Name  Name  Street 18 South Broad Street  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, corned, and complete, (See Section VII on penalties in the instructors)  13. Signed  Other (Specify)  Treasurer (II other title, see instructions)	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 P.O. Box 2877  City Pawleys Island  State South Carolina ZIP Code + 4 29585  4. Date fiscal year ends:  Dec / 15 a. Individual b. Partnership	
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Uther (Specify)	(If other title, see	(If other title, see
Title	Title Other (Specify) instructions)	Title Other (Specify) instructions)
Founder & CEO Manager of Administration	Founder & CEO	Manager of Administration
On 11/5/2015 843-314-0383 On 11/5/2015 843-314-0383	On 11/5/2015 843-314-0383	0- 11/5/2015 - 042 214 0202
Date Telephone Number Date Telephone Number	Date Telephone Number	UN 11/3/4013 843-314-0383

Filer Peter List Kulture Consulting, LLC	File Number C 00322	
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.		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruc	tions):	
a. Nature of activity:		
Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.		
11.b. Period during which performed:	11.c. Extent performed:	
October - November 2015	Completed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Juan Negroni	Name	
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street P.O. Box 2877	Street P.O. Box 2877	
City Pawleys Island	City Pawleys Island	
State South Carolina ZIP Code + 4 29585	State South Carolina ZIP Code + 4 29585	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Mental Health Workers employed by the employer located in Elizabeth, NJ.	RWDSU, UFCW, Local 108	
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