

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

### AMENDED

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.

706767

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 P.O. Box 2877

Street

City Pawleys Island

State South Carolina

ZIP Code + 4 29585

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 / 18

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 Interlake Mecalux

Trade Name, if any

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

Street 1600 North 25th Avenue, Melrose Pk

City Chicago

State Illinois

ZIP Code + 4 60160

7. Date entered into:

11 / 8 / 2018

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

Name Nicole Walters

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

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

Manager of Administration

On 7/6/2019

Date

843-314-0383

Telephone Number

On 7/6/2019

Date

843-314-0383

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.):

Oral agreement made through Kulture Consulting, LLC \$350. per hour, per consultant, plus actual and reasonable expenses. No formal agreement relative to duration or amount of hours to be performed.

#### Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Traveled to and from employer. Met with employees to discuss collective bargaining and labor disputes; Provided information 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:

Various Dates Beginning 11/8/18

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Kirk Cummings

Organization Cummings Group, LLC

P.O. Box, Bldg., Room No., if any PO Box 882

Street

City Lapeer

State Michigan

ZIP Code + 4 48446

Additional Name and address through whom performed, if any:

Name Rian Wathen

Organization Independent Center for Worker Education

P.O. Box, Bldg., Room No., if any #201

Street 8206 Rockville Road

City Indianapolis

State Indiana

ZIP Code + 4 46214

12.a. Identify subject groups of employees:

All full-time and regular part-time production employees employed by the employer at its Chicago, IL location.

12.b. Identify subject labor organizations:

UNION UNKNOWN