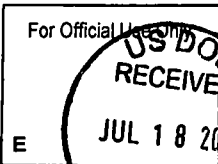


# FORM LM-20

## 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.

707074

1. File Number 68688

### Person Filing

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

Name Oscar Wilmington

Title

Organization

P.O. Box, Bldg., Room No., if any Box 115

Street 2017 Lomita Blvd

City Lomita

State California

ZIP Code + 4 90717

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 / 19

5. Type of person:

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

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Gary Dinnert

Organization Voss Industries, Inc.

Trade Name, if any

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

Street 2168 West 25th Street

City Cleveland

State Ohio

ZIP Code + 4 44113

7. Date entered into:

4 / 22 / 2019

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

Name Peter List

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 Oscar Wilmington

President  
(If other title, see  
instructions)

Title Other (Specify)

Individual

14. Signed \_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title \_\_\_\_\_

On 7/15/2019 310-938-7016

Date

Telephone Number

On \_\_\_\_\_

Date

Telephone Number

Filer: Oscar Wilmington	File Number C-
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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 \$2,250 per day, plus actual and reasonable expenses. No formal agreement relative to duration or amount of hours to be performed.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Travel to and from Cleveland, OH. Met with management personnel; engaged in one-on-one discussions with employees regarding employee relations issues and answered questions.	
11.b. Period during which performed: Various Dates beginning 4/22/2019	11.c. Extent performed: 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:
All full-time and part-time production, non-production, maintenance, shipping/receiving and other classifications of employees employed by the employer, located at 2168 West 25th Street Cleveland, OH.	Union Unknown
-NO PETITION	-NO PETITION