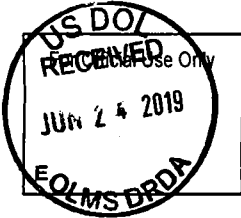


FORM LM-20

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.

706042

1. File Number: c- 68687

Person Filing

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

Name Luisa M Perez

Title Senior Consultant

Organization

P.O. Box, Bldg., Room No., if any Ste. 155, #132

Street 1751 Pine Island Rd.

City Cape Coral

State Florida

ZIP Code + 4 33909

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

Organization Public Health Management Corporation

Trade Name, if any

P.O. Box, Bldg., Room No., if any Centre Square East

Street 1500 Market Street

City Philadelphia

State Pennsylvania

ZIP Code + 4 19102

7. Date entered into:

5 / 20 / 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

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title

On 6/19/2019

Date

313-595-7570

Telephone Number

On

Date

Telephone Number

Filer: Luisa Perez

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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Oral agreement with Kulture Consulting, LLC \$2,625 per day, 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:

Various days beginning 5/20/19

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Peter List

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

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Professional and non-professional employees employed by the employer in the employer's Health Network Division.

12.b. Identify subject labor organizations:

Service Employees International Union Local 668