

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: C- 68694

706754

Person Filing

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

Name Rian Wathen
Title
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

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):

Nature of Agreement or Arrangement

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

Name Kathryn Budd
Organization New Hudson Facades
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 815 Columbia Avenue
City Linwood
State Pennsylvania ZIP Code + 4 19061

7. Date entered into:

4 / 18 / 2018

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 President

14. Signed _____ Treasurer
(If other title, see instructions)
Title _____

On 7/5/2019 317-850-0990
Date Telephone Number

On _____
Date 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 with Kulture Consulting, LLC; \$262.50 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; prepared meeting information; 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 Dates Beginning 4/18/18

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:

All full-time materials handlers, line assembly techs, glaziers, carpenters, machinists, machine operators and equipment operators.

12.b. Identify subject labor organizations:

UNION UNKNOWN