U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT AMENDED

Form approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

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.

Regular This report is mandatory under P.L. 86-257, as amended. (LMRDA)

Regular This report is mandatory under P.L. 86-257, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

707081

1 . File Number C- 00322	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) O1 / O1 / 2018 Through: 12 / 31 / 2018
A. Person Filing	· · · · · · · · · · · · · · · · · · ·
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Peter A List	Name
Title Founder & CEO	Title
Organization Kulture Consulting LLC	Organization
P.O. Box, Building and Room Number, if any PO Box 2877 Street City Pawleys Island State South Carolina ZIP Code + 4 29585	P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable penaltie information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	
17. Signed Title Other (Specify) Founder & CEO President (if other title, see instructions) FOUNDER & CEO	Title Other (Specify) Manager of Administration Treasurer (If other title, see instructions) Manager of Administration
On Date Telephone Number	On Date Telephone Number

ith labor relations advice or services regardless of the purposes of the advice
Mailing Address: P.O. Box, Building and Room Number, if any
Street
City
State ZIP Code + 4
5.c. Amount 0
eporting organization in connection with labor relations advice or services rendered
i) Totals
Office and Administrative Expenses
10. Publicity
11. Fees for Professional Services
12. Loans Made
13. Other Disbursements
14. Total Disbursements (Sum of Items 8-13)
dule to report only disbursements made for the purposes described in Part D of the
15.b. Trade Name, If any:
15.d. Amount 47, 232
15.e. Purpose
Disbursements were made to independent consultant
engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
advice and expenses.

Form LM-21 (2003)

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Phillips Feed Service, Inc.	Phillips Pet Food & Supply
15.c. To Whom Paid	15.d. Amount 25,236
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
#433	
Street 712 Bancroft Road	
City Walnut Creek	The state of the s
State California ZIP Code + 4 94598	
Signer Court 1 54350	
15.a. Employer Name:	15.b. Trade Name, If any:
Saks Incorporated	
15.c. To Whom Paid	15.d. Amount 25,472
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Street 712 Bancroft Road	
Бури и для инфилиментация разментация и объекторы и объекторы на надачинения на настройную и объекторы на настром на на настром на	
City Walnut Creek	
State California ZIP Code + 4 94598	
15.a. Employer Name:	15.b. Trade Name, If any:
Carlow University	
15.c. To Whom Paid	15.d. Amount 13,313
Name Ronn English	house an executive and
	15.e. Purpose
	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization The Alton Group, LLC	Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any #433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
Callionna Cartifornia CIF Code + 4 94598	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Essendant, Inc.	
15.c. To Whom Paid	15.d. Amount 27,678
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization The Alton Group, LLC	Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any #433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
15.a. Employer Name:	15.b. Trade Name, If any:
ZEP Manufacturing	
15.c. To Whom Paid	15.d. Amount 19,113
Name Ronn English	15.e. Purpose
Title CEO Organization The Alton Group, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
15.a. Employer Name: Brose North America	15.b. Trade Name, If any: Brose Belvidere, Inc.
BLOSE NOTCH AMELICA	The second contract of
15.c. To Whom Paid	15.d. Amount 36,703
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization The Alton Group, LLC	Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
#433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
JG Kern Enterprises Inc.	
15.c. To Whom Paid	15.d. Amount 34, 291
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any #433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 30,009
. Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
#433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
Security and the securi	
15.a. Employer Name:	15.b. Trade Name, If any:
Marathon Cheese Corporation	
15.c. To Whom Paid	15.d. Amount 12,920
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any #433	advice and expenses.
Street 712 Bancroft Road	Tenning to the second s
City Walnut Creek	
State California ZIP Code + 4 94598	To provide the second s
Total Control of the	

Name of Perso	n Filing: Peter Lis	t	File Number C- 00322
D. Schedule	of Disbursements for	Reportable Activity Use this Schedu instructions.	ule to report only disbursements made for the purposes described in Part D of the
15.a. Employe	er Name:	<u> </u>	15.b. Trade Name, If any:
Sugar	House Casino		
15.c. To Whom	n Paid		15.d. Amount 29, 503
Name	Joanne	G Davis	15.e. Purpose
Title	Individual		Disbursements were made to independent consultant
Organizatio	n		engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
\$	Building and Room Nur te 140	nber, if any	
Street 170	0 Bent Creek Bo	ulevard	
City Med	hanicsburg		
State Pen	nsylvania	ZIP Code + 4 17050	
15.a. Employe	**************************************	do sulman many (1986). And 2006 is successful months and proceedings and tolerable on the Police of Control of the Theorem and	15.b. Trade Name, If any:
Rev G	roup Inc.	A STATE OF THE STA	Kovatch Mobile Equip T/A KME Fire
15.c. To Whon	n Paid	3 Summanus S. British a remain and managemental management of the second statement of the second state	15.d. Amount 20,843
Name	Joseph	Brock	15.e. Purpose
Title Organizatio	Sole Proprieto East Coast Lak	or Relations, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
2*****************	Building and Room Nun		
Someone	hland	ZIP Code + 4 49083	
		hander in the state of the stat	
15.a. Employe	erName: Tech Industries	, Inc.	15.b. Trade Name, If any: ATI Forged Products
15.c. To Whor	n Paid		15.d. Amount 44, 998
Name	Trinh	VanNgo	15.e. Purpose
Title	Individual		Disbursements were made to independent consultant
Organizatio	n		engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, E	Building and Room Nur	nber, if any	advice and expenses.
L	te Al		Section 1.
Street 698	8 Wilcrest Driv	'e	
City Hou	ston	7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
State Tex	as :	ZIP Code + 4 77072	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
United Natural Foods, Inc.	
15.c. To Whom Paid	15.d. Amount 50,687
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Cummings Group, LLC	Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 882	
Street	
City Lapeer	Reconstruction of the control of the
State Michigan ZIP Code + 4 48446	
15.a. Employer Name:	15.b. Trade Name, If any:
Brenntag Great Lakes, LLC	
15.c. To Whom Paid	15.d. Amount 5, 156
Name Kirk Cummings	15.e. Purpose
Title President Organization Cummings Group, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
15.a. Employer Name: Readington Farms, Inc.	15.b. Trade Name, If any:
Readington Farms, Inc.	As a reservice to the first term of the first te
15.c. To Whom Paid	15.d. Amount 47, 246
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Calumet Specialty Products Partners LP	
15.c. To Whom Paid	15.d. Amount [51, 292
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
15.a. Employer Name: Meritor, Inc.	15.b. Trade Name, If any:
METICOI, IIIC.	
15.c. To Whom Paid	15.d. Amount 7, 684
Name Kirk Cummings	15.e. Purpose
Title President Organization Cummings Group, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
	Lance and the second se
15.a. Employer Name: Brose North America	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 20,732
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
· ————————————————————————————————————	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Interlake Mecalux	
15.c. To Whom Paid	15.d. Amount 6, 015
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
And deligned and the second and the	
15.a. Employer Name:	15.b. Trade Name, If any:
Brose North America	Brose Belvidere, Inc.
15.c. To Whom Paid	15.d. Amount 43,321
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
	advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
15.a. Employer Name:	15.b. Trade Name, If any:
JG Kern Enterprises, Inc.	
15.c. To Whom Paid	15.d. Amount 38,845
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
TECT Aerospace, LLC	
15.c. To Whom Paid	15.d. Amount 11,823
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 882 Street	
Сили положения мамен вые и положения мерона положения п	
City Lapeer State Michigan ZIP Code + 4 48446	
State MICHIGAN ZIP Code + 4 48446	
15.a. Employer Name:	15.b. Trade Name, If any:
Rev Group, Inc.	E-One, Inc
15.c. To Whom Paid	15.d. Amount 7, 584
Name Kirk Cummings	15.e. Purpose
Title President Organization Cummings Group, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 21,701
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
PO Box 882	The Control of the Co
Street	
City Lapeer State Michigan ZIP Code + 4 48446	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Calumet Specialty Products Partners LP	
15.c. To Whom Paid	15.d. Amount 2, 868 .
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
DO Day Building and Court Number if any	
P.O. Box, Building and Room Number, if any PO Box 882	
Street	alate of the control
City Lapeer	
Secure designation and experimental control of the	The state of the s
State Michigan ZIP Code + 4 48446	
15.a. Employer Name:	15.b. Trade Name, If any:
Second City Theater	13.0. Hade Name, II any.
Commission and the commission of the commission	And a section and a section of the s
15.c. To Whom Paid	15.d. Amount 8,009
Name Rian Wathen	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Independent Center for Worker Education	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
The second secon	advice and expenses.
P.O. Box, Building and Room Number, if any	
#201	
Street 8206 Rockville Road	
City Indianapolis	
State Indiana ZIP Code + 4 46214	
Lancard Control of the Control of th	
15.a. Employer Name:	15.b. Trade Name, If any:
Becton Dickinson	BD Medical & Procedural Solutions
15.c. To Whom Paid	15.d. Amount 75, 596
Name Rian Wathen	15.e. Purpose
Title President	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Independent Center for Worker Education	Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any #201	advice and expenses.
Street 8206 Rockville Road	The Text Control of the Control of t
	The control of the co
	The second secon
State Indiana ZIP Code + 4 46214	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Genco Infrastructure Solutions Inc.	FedEx Supply Chain
15.c. To Whom Paid	15.d. Amount 8 , 687
Name Rian Wathen	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Independent Center for Worker Education	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses
P.O. Box, Building and Room Number, if any #201	
Street 8206 Rockville Road	
City Indianapolis	
State Indiana ZIP Code + 4 46214	
State 1 Tour 1 Tour 1 Tour	
15.a. Employer Name:	15.b. Trade Name, If any:
NutraBlend, LLC	Land O' Lakes, LLC
15.c. To Whom Paid	15.d. Amount 15,994
Name Rian Wathen	15.e. Purpose
Title President Organization Independent Center for Worker Education	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Street 8206 Rockville Road	
Suggregation to the second contraction of th	
City Indianapolis State Indiana ZIP Code + 4 46214	
	Symptotic grammatic and the state of the sta
15.a. Employer Name:	15.b. Trade Name, If any:
New Hudson Facades, LLC	
15.c. To Whom Paid	15.d. Amount 13,412
Name Rian Wathen	15.e. Purpose
Title President 7	Disbursements were made to independent consultant
Organization Independent Center for Worker Education	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
Street 8602 Rockville Road	
.City Indianapolis	
State Indiana ZIP Code + 4 46214	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Bakerly Barn LLC	
15.c. To Whom Paid	15.d. Amount 22,016
Name Rian Wathen	15.e. Purpose
Title President Organization Independent Center for Worker Education	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any #201	
Street 8206 Rockville Road	
City Indianapolis	
State Indiana ZIP Code + 4 46214	
	L
15.a. Employer Name:	15.b. Trade Name, If any:
Moran Foods, LLC	Save-A-Lot, LTD
15.c. To Whom Paid	15.d. Amount 10,967
Name Rian Wathen	15.e. Purpose
Title President Organization Independent Center for Worker Education	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
#201	
Street 8206 Rockville Road	
City Indianapolis	
State Indiana ZIP Code + 4 46214	
	1
15.a. Employer Name: Rev Group Inc.	15.b. Trade Name, If any: Kovatch Mobile Equip T/A KME Fire
15.c. To Whom Paid	15.d. Amount 20,131
Name Rian Wathen	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Independent Center for Worker Education	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any #201	advice and expenses
Street 8206 Rockville Road	
City Indianapolis	
State Indiana ZIP Code + 4 46214	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
DaVita, Inc.	
15.c. To Whom Paid	15.d. Amount 269, 659
Name Linda Broderick	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Linda Inez Consulting, LLC	Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Suite 200	
Street 460 King Street	
City Charleston	
State South Carolina ZIP Code + 4 29403	
15.a. Employer Name:	15.b. Trade Name, If any:
Sugar House Casino	des la des
15.c. To Whom Paid	15.d. Amount 9, 681
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor Organization Noslen & Associates, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
15.a. Employer Name:	15.b. Trade Name, If any:
HP Hood, LLC	
15.c. To Whom Paid	15.d. Amount 23,650
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Noslen & Associates, LLC	Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any PO Box 561	advice and expenses.
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Phillips Feed Service Inc.	Phillips Pet Food & Supply
15.c. To Whom Paid	15.d. Amount 17,515
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Noslen & Associates, LLC	Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
15.a. Employer Name:	15.b. Trade Name, If any:
Pincus Elevator Company, Inc.	
15.c. To Whom Paid	15.d. Amount 35,729
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor Organization Noslen & Associates	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
Cibic New Jersey	
15.a. Employer Name:	15.b. Trade Name, If any:
New Hudson Facades, LLC	
15.c. To Whom Paid	15.d. Amount 2, 100
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Noslen & Associates, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
PO Box 561	
Street	Territorios de la constanta della constanta de la constanta de la constanta de la constanta de
City Blackwood	
State New Jersey ZIP Code + 4 08012	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Vivid Mechanical, LLC	
15.c. To Whom Paid	15.d. Amount 31,783
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor Organization Noslen & Associates, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 561	
Street	
City Blackwood	Name of the Contract of the Co
State New Jersey ZIP Code + 4 08012	
15.a. Employer Name: Ingersoll Rand	15.b. Trade Name, If any: Trane Commercial HVAC
Ingersorr Rang	Resonant resource (Control of the American Control of
15.c. To Whom Paid	15.d. Amount 64 , 153
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor Organization Noslen & Associates, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
15.a. Employer Name:	15.b. Trade Name, If any:
Security Guard, Inc.	dba Imperial Security
15.c. To Whom Paid	15.d. Amount 8, 662
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Noslen & Associates, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any PO Box 561	advice and expenses.
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
United Natural Foods, Inc.	
15.c. To Whom Paid	15.d. Amount 41,146:
Name Luisa Perez	15.e. Purpose
Title Individual	Disbursements were made to independent consultant
Organization	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Ste 155, #132	
Street 1751 Pine Island Road	
And to a management of the control o	
City Cape Coral	
State Florida ZIP Code + 4 33909	
15.a. Employer Name:	15.b. Trade Name, If any:
Village Supermarkets, Inc.	
15.c. To Whom Paid	15.d. Amount 21,253
Name Luisa Perez	15.e. Purpose
Title Individual	Disbursements were made to independent consultant
Organization	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Ste 155, #132	
Street 1751 Pine Island Road	
City Cape Coral .	
Commence of the commence of th	
State Florida ZIP Code + 4 33909	
45 a Ferrique Nome	15.b. Trade Name, If any:
15.a. Employer Name: Rev Group, Inc.	E-One, Inc.
A STATE OF THE STA	The second control of
15.c. To Whom Paid Name Luisa Perez	15.d. Amount 8,460
Name Luisa Perez	15.e. Purpose
Title Individual	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization 1751 Pine Island Road	Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
Ste 155, #132	
Street 1751 Pine Island Road	
City Cape Coral	
State Florida ZIP Code + 4 33909	
I I I I I I I I I I I I I I I I I I I	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 74 , 582
Name Luisa Perez	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Ste 155, #132 Street 1751 Pine Island Road	
City Cape Coral State Florida ZIP Code + 4 33909	
15.a. Employer Name: Party Rental, LTD	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 16,718
Name Luisa Perez	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Ste 155, #132	
Street 1751 Pine Island Road	
City Cape Coral State Florida ZIP Code + 4 33909	
State Profita	
15.a. Employer Name: P&B Intermodal Services, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 32,008
Name John A Negroni	15.e. Purpose
Title Sole Proprietor Organization The Tally Consultancy, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
Street	The state of the s
City Norwalk	
State Connecticut ZIP Code + 4 06852	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Saint Goban Corp	dba CertainTeed Corp
15.c. To Whom Paid	15.d. Amount 12,291
Name John A Negroni	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization The Tally Consultancy, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 494	
Street	
City Norwalk	
State Connecticut ZIP Code + 4 06852	
15.a. Employer Name:	15.b. Trade Name, If any:
Five Star Custom Foods, LTD	Cargill Meat Solutions
15.c. To Whom Paid	15.d. Amount 38,777
Name John A Negroni	15.e. Purpose
Title Sole Proprietor Organization The Tally Consultancy, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
	auvice and expenses.
P.O. Box, Building and Room Number, if any	e announcement
PO Box 494 Street	
от н астоя на при верх верх верх постоя настоя настоя настоя настоя настоя настоя на при на 	
City Norwalk	
State Connecticut ZIP Code + 4 06852	
15.a. Employer Name:	15.b. Trade Name, If any:
Becton Dickinson	BD Medical & Procedural Solutions
15.c. To Whom Paid	15.d. Amount 42,512
parameter and the second of th	
	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization The Tally Consultancy, LLC	Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 494	
Street	
City Norwalk	
State Connecticut ZIP Code + 4 06852	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
New Hudson Facades, LLC	
15.c. To Whom Paid	15.d. Amount 6, 988
Name John A Negroni	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization The Tally Consultancy, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 494	
Street	
City Norwalk	
State Connecticut ZIP Code + 4 06852	
15.a. Employer Name:	15.b. Trade Name, If any:
Golden Nugget Atlantic City	
15.c. To Whom Paid	15.d. Amount 26,343
Name John A Negroni	15.e. Purpose
Title Sole Proprietor Organization The Tally Consultancy, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 494	
Street	
City Norwalk	
State Connecticut ZIP Code + 4 06852	
15.a. Employer Name: Chetak New York, LLC	15.b. Trade Name, If any:
Checar New Tork, and	
15.c. To Whom Paid	15.d. Amount 28,481
Name John A Negroni	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization The Tally Consultancy, LLC	Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	advice and expenses.
Street	
City Norwalk	
State Connecticut ZIP Code + 4 06852	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
PainTech Painting & Wallcovering, Inc.	
15.c. To Whom Paid	15.d. Amount 2,590
Name John A Negroni	15.e. Purpose
Title Sole Proprietor Organization The Tally Consultancy, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 29,757
Name John A Negroni	15.e. Purpose
Title Sole Proprietor Organization The Tally Consultancy, LLC P.O. Box, Building and Room Number, if any	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
PO Box 494	
Street	
City Norwalk State Connecticut ZIP Code + 4 06852	
United Contractions of the Contraction of the Contr	
15.a. Employer Name: Halcyon Condominium	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 3 , 615
Name John A Negroni	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization The Tally Consultancy, LLC	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any PO Box 494	advice and expenses.
Street	
City Norwalk	The state of the s
State Connecticut ZIP Code + 4 06852	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Marine Repair Services, Inc.	dba CMC Logistics, LLC
15.c. To Whom Paid	15.d. Amount 29,556
Name Oscar Wilmington	15.e. Purpose
Title Individual	Disbursements were made to independent consultant
Organization	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Box 115 Street 2017 Lomita Boulevard City Lomita	
State California ZIP Code + 4 90717	
	T
15.a. Employer Name:	15.b. Trade Name, If any:
Voss Industries, Inc.	The state of the s
15.c. To Whom Paid	15.d. Amount 95,778
Name Oscar Wilmington .	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Street 2017 Lomita Boulevard	
City Lomita	The second secon
Secretarian seminarian managama managama Managama managama managam	
State California ZIP Code + 4 90717	
15.a. Employer Name:	15.b. Trade Name, If any:
Rev Group, Inc.	E-One, Inc
15.c. To Whom Paid	15.d. Amount 10,066
Name Oscar Wilmington	15.e. Purpose
Title Individual	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization	Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any Box 115	advice and expenses.
Constitution of the consti	
Street 2017 Lomita Boulevard	
City Lomita	
State California ZIP Code + 4 90717	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
TIMCO Aerosystems, LLC	dba HAECO Cabin Solutions
15.c. To Whom Paid	15.d. Amount 13,889
Name Oscar Wilmington	15.e. Purpose
.Title Individual	Disbursements were made to independent consultant
Organization	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Street 2017 Lomita Boulevard	
City Lomita	
State California ZIP Code + 4 90717	
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 25,145
Name Oscar Wilmington	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Box 115	
Street 2017 Lomita Boulevard	
City Lomita	
State California ZIP Code + 4 90717	
15.a. Employer Name:	15.b. Trade Name, If any:
ZEP Manufacturing	Supplier resources on the resource and the supplier and t
15.c. To Whom Paid	15.d. Amount 15,480
Name Oscar Wilmington	15.e. Purpose
Title Individual	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization	Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any Box 115	advice and expenses.
Street 2017 Lomita Boulevard	The second secon
City Lomita	The second secon
State California ZIP Code + 4 90717	and the second s

Name of Person Filing: Peter List	File Number C- 00322	
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.		
15.a. Employer Name:	15.b. Trade Name, If any:	
P&B Intermodal Services LLC		
15.c. To Whom Paid	15.d. Amount 23,538	
Name Carlos Ortiz	15.e. Purpose	
Title Managing Partner	Disbursements were made to independent consultant	
Organization Solutions Labor Relations Consultants	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.	
P.O. Box, Building and Room Number, if any Suite 210-106		
Street 7426 Cherry Avenue		
City Fontana		
State California ZIP Code + 4 92336		
Oldie Carrier Control of Control		
15.a. Employer Name:	15.b. Trade Name, If any:	
. HP Hood, LLC		
15.c. To Whom Paid	15.d. Amount 27,072	
Name Carlos Ortiz	15.e. Purpose	
Title Managing Partner Organization Solutions Labor Relations Consultants	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.	
P.O. Box, Building and Room Number, if any Suite 210-106		
Street 7426 Cherry Avenue		
City Fontana		
State California ZIP Code + 4 92336		
15.a. Employer Name:	15.b. Trade Name, If any:	
Security Guard, Inc.	dba Imperial Security	
15.c. To Whom Paid	15.d. Amount 29,521	
Name Carlos Ortiz	15.e. Purpose	
Title Managing Partner	Disbursements were made to independent consultant	
Organization Solutions Labor Relations Consultants	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,	
P.O. Box, Building and Room Number, if any Suite 210-106	advice and expenses.	
Street 7426 Cherry Avenue		
City Fontana		
State California ZIP Code + 4 92336		

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name:	15.b. Trade Name, If any:
Pincus Elevator Company, Inc.	
15.c. To Whom Paid	15.d. Amount 38,233
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner Organization Solutions Labor Relations Consultants	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Suite 210-106	
Street 7426 Cherry Avenue	
City Fontana	
State California ZIP Code + 4 92336	
Transfer for the second of the	The control of the co
15.a. Employer Name:	15.b. Trade Name, If any:
InSteel Industries, Inc.	And the second control of the second control
15.c. To Whom Paid	15.d. Amount 4 , 723
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner Organization Solutions Labor Relations Consultants	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Suite 210-106	
Street 7426 Cherry Avenue	
City Fontana	
State California ZIP Code + 4 92336	
45 - Frankrich Name	15 h Trade Name Manu
15.a. Employer Name: Vivid Mechanical LLC	15.b. Trade Name, If any:
45 - Ta Whan Daid	AF J Amount
15.c. To Whom Paid Name Carlos Ortiz	15.d. Amount 37, 640
years where we have a second s	15.e. Purpose
Title Managing Partner	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Solutions Labor Relations Consultants	Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Suite 210-106	
Street 7426 Cherry Avenue	
City Fontana	
State California ZIP Code + 4 92336	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name:	15.b. Trade Name, If any:
Essendant, Inc.	
15.c. To Whom Paid	15.d. Amount 18,371
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner	Disbursements were made to independent consultant
Organization Solutions Labor Relations Consultants	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Suite 210-106	
Street 7426 Cherry Avenue	
City Fontana	
State California ZIP Code + 4 92336	
Example description of the State Control of the Sta	
15.a. Employer Name:	15.b. Trade Name, If any:
Phillips Feed Service Inc.	Phillips Pet Food & Supply
15.c. To Whom Paid	15.d. Amount 14,600
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner Organization Solutions Labor Relations Consultants	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
	advice and expenses.
P.O. Box, Building and Room Number, if any	
Suite 210-106	
Street 7426 Cherry Avenue	
City Fontana	
State California ZIP Code + 4 92336	
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 55,051
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner	Disbursements were made to independent consultant
Organization Solutions Labor Relations Consultants	engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
Suite 210-106	
Street 7426 Cherry Avenue	
City Fontana	
State California ZIP Code + 4 92336	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: DaVita, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 163,629
Name Adriana Ortiż	15.e. Purpose
Title Managing Partner Organization Solutions Labor Relations Consultants	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Suite 210-106	
Street 7426 Cherry Avenue	
City Fontana	
State California ZIP Code + 4 92336	
15.a. Employer Name:	15.b. Trade Name, If any:
Albert Einstein Healthcare Network	15.b. Hade Name, II any.
15.c. To Whom Paid	15.d. Amount 24, 987
Name Linda. Broderick	15.e. Purpose
Title Sole Proprietor Organization Linda Inez Consulting, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations, and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Suite 200	
Street 460 King Street	
City Charleston State South Carolina : ZIP Code + 4 29403	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street City	
State ZIP Code + 4	