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

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- 00322						
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, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any				
Street P.O. Box 2877		Street				
City Pawleys Island		City				
State South Carolina	ZIP Code + 4 29585	State		ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:						
Dec / 15	a. Individual b. Partnership	c. Corpo	oration d.X Other (S	specify): LLC		
Nature of Agreement or Arrangement						
6. Full name and address of employer with whom made (include ZIP Code):			7. Date entered into: 10 / 21 / 2015			
Name			,			
Organization W.J. & R. Electrical, Inc.			8. Name of person(s) through whom made:			
Trade Name, if any			Name Jim Rothenberger			
P.O. Box, Bldg., Room No., if any			Name			
Street 1253 Newport Avenue			Name			
City Northampton			Name			
State Pennsylvania	ZIP Code + 4 18067	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		14. Signed	14. Signed Malefande Treasurer (If other title,			
Title Other (Specify)	instructions)	Title	Other (Specify) instructions)			
Founder & CEO			Manager of Adm	inistration		
On 10/23/2015 843	3-314-0383	On	10/23/2015	843-314-0383		
Date	Telephone Number		Date	Telephone Number		

Filer Peter List Kulture Consulting, LLC	File Number C- 00322					
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.):						
Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.						
Specific Activities to be Performed						
11. For each activity, separately list in detail the information required (See instructions):						
a. Nature of activity:						
Presented informational meetings to company employees relative to the process of unionization, the role of the NLRB, and collective bargaining.						
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11.b. Period during which performed:	11.c. Extent performed:					
October 2015	Completed					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:					
Name John Bellis	Name					
Organization Kulture Consulting, LLC	Organization Kulture Consulting, LLC					
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any					
Street P.O. Box 2877	Street P.O. Box 2877					
City Pawleys Island	City Pawleys Island					
State South Carolina ZIP Code + 4 29585	State South Carolina ZIP Code + 4 29585					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:					
All full time and regular part-time employees engaged in electrical construction and maintenance employed by the employers located at 1253 Newport Avenue, Northampton, PA.	International Brotherhood of Elecrical Workers, Local 375					