

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

AMENDED

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.

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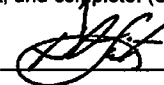
1. File Number: C- 00322

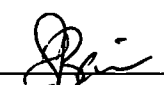
Person Filing	
2. Name and mailing address (include ZIP Code): Name Peter A List Title Founder & CEO Organization Kulture Consulting, LLC P.O. Box, Bldg., Room No., if any P.O. Box 2877 Street City Pawleys Island State South Carolina ZIP Code + 4 29585	3. Any other address where records necessary to 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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Paintech Painting & Wallcovering Trade Name, if any P.O. Box, Bldg., Room No., if any Street 920 Matsonford Road City Conshohocken State Pennsylvania ZIP Code + 4 19428	7. Date entered into: 8 / 21 / 2018 8. Name of person(s) through whom made: Name William Shaid 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 
Title Other (Specify)
Founder & CEO
President (If other title, see instructions)

14. Signed 
Title Other (Specify)
Manager of Administration
Treasurer (If other title, see instructions)

On 7/5/2019 843-314-0383
Date Telephone Number

On 7/5/2019 843-314-0383
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 through Kulture Consulting, LLC \$337.50 per hour, plus actual and reasonable expenses. No formal agreement relative to duration or amount of hours to be performed.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Traveled to and from employer location. Provided information relative to the National Labor Relations Act, as well as information regarding the NLRB election process and collective bargaining; answered questions.

11.b. Period during which performed:

August 2018

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John A Negroni

Organization The Tally Consultancy

P.O. Box, Bldg., Room No., if any PO Box 494

Street

City Norwalk

State Connecticut

ZIP Code + 4 06852

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 and part-time employees employed by the employer.

NO PETITION

12.b. Identify subject labor organizations:

International Union of Painters and Allied Trades

NO PETITION