. 1 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.

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1. File Number: C- 68687					
Person Filing			 		
2. Name and mailing address (include ZIP Code):		Any other address where records necessary to verify this report are kept:			
Name Luisa M Perez		Name			
Title		Title			
Organization		Organization			
P.O. Box, Bldg., Room No., if any Ste. 155, #132		P.O. Box, Bldg., Room No., if any			
Street 1751 Pine Island Rd.		Street			
City Cape Coral		City			
State Florida	ZIP Code + 4 33909	State ZIP 0	Code + 4		
4. Date fiscal year ends: 5. Type of person:					
Dec / 19 a. Individual b. Partnership c. Corporation d. Other (Specify):					
	<u> </u>				
Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: 11 / 20 / 2019			
Name Anthony Alfano					
Organization Johnson Controls, Inc.		8. Name of person(s) through whom made:			
Trade Name, if any		Name Peter List			
P.O. Box, Bldg., Room No., if any		Name			
Street 5757 North Green Bay Ave.		Name			
City Milwaukee		Name			
State Wisconsin	ZIP Code + 4 53209	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 Nurses	President (If other title, see	14. Signed	Treasurer (If other title, see		
Title Other (Specify)	instructions)	Title	instructions)		
Individual					
On 12/18/2019 31.	3-595-7570	On			
Date	Telephone Number	Date Telepho	ne Number		
					

Filer: Luisa Perez		File Number C- 68687		
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 process of unionization, the role of the NLRB, and collective bargaining; answered questions.				
11.b. Period during which performed:	11.c. Extent performed:			
Various days beginning 11/20/2019	Ongoing			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Peter List	Name			
Organization Kulture Consulting, LLC	Organization			
P.O. Box, Bldg., Room No., if any P.O. Box 2877	P.O. Box, Bldg., Room No., i	fany		
Street	Street			
City Pawleys Island	City			
State South Carolina ZIP Code + 4 29585	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Employees employed by the employer at its San Antonio, TX facility.	Union Unknown			
NO PETITION	NO PETITION			