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. 706768 1. File Number: C- 65668 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Kirk Cummings Title Title President Organization Cummings Group, LLC Organization P.O. Box, Bldg., Room No., if any $_{PO}$ $_{Box}$ 882 P.O. Box, Bldg., Room No., if any Street Street City City Lapeer State Michigan ZIP Code + 4 48446 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Individual b. Partnership c. Corporation d. Other (Specify): LLC Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 11 / 8 / 2018 Walters Name Nicole 8. Name of person(s) through whom made: Organization Interlake Mecalux Name Peter List Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 1600 North 25th Avenue, Melrose Pk City Chicago Name ZIP Code + 4 State Illinois 60160 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 14. Signed (If other title, see (If other title, see instructions) instructions) President Title _____

7/6/2019

Date

248-210-1162

Telephone Number

Telephone Number

Filer: Kirk Cummings Cummings Group, LLC	File Number C- 65668	
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; \$245. per hour, plus	e actual and reasonable expenses	
Oral agreement made with ruiture consulting, buc; \$245. per hour, prus	actual and reasonable expenses.	
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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. Met with management and employees to discuss collective bargaining and labor disputes; Provided information relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining;		

11.b. Period during which performed:	11.c. Extent performed:	
Various Dates Beginning 11/8/18	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., if any	
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:	
All full-time and regular part-time production employees employed by the employer at its Chicago, IL location.	UNION UNKNOWN	

answered questions.