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 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Peter A List Title Title Founder & CEO 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 City Pawleys Island State South Carolina ZIP Code + 4 29585 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Individual b. Partnership c. Corporation d. Other (Specify): LLC Dec Nature of Agreement or Arrangement 7. Date entered into: 6. Full name and address of employer with whom made (include ZIP Code): 16 / 2019 8. Name of person(s) through whom made: Organization Calumet Packaging Name Jason Brandt Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 10411 Hwy 1 City Shreveport Name State Louisiana ZIP Code + 4 71115 Name **Signatures** Each of the undersigned decides, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in a companying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and comple (See Section VII on penalties in the instructions.) 13. Signed President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Specify) Other (Specify) Title Founder & CEO Manager of Administration

1/25/2019

Date

843-314-0383

Telephone Number

1/25/2019

Date

843-314-0383

Telephone Number

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|---|---|
| Filer: Peter List Kulture Consulting, LLC | File Number C- 00322 |
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| 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. | |
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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: | |
| 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: |
| January-February | Ongoing |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: |
| Name Kirk Cummings | Name |
| Organization Kulture Consulting, LLC | Organization Kulture Consulting, LLC |
| P.O. Box, Bldg., Room No., if any P.O. Box 2877 | P.O. Box, Bldg., Room No., if any P.O. Box 2877 |
| Street | Street |

City Pawleys Island City Pawleys Island State South Carolina ZIP Code + 4 29585 ZIP Code + 4 29585 State South Carolina 12.a. Identify subject groups of employees: 12.b. Identify subject labor organizations: All full-time and part-time production and United Steel, Paper and maintenance employees, including crew leaders, Forestry, Rubber, Manufacturing, Energy, Allied blending, dock, inventory and QC employed by Calumet at its Shreveport, LA facility. Industry Service Workers International Union, AFL-CIO