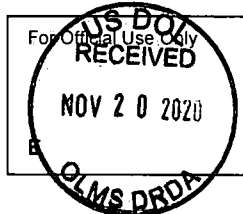


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 09-30-2021

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

737894

1. File Number C- 00322	2. Period Covered By This Report From: 01/01/2019	Month/Day/Year (mm/dd/yyyy)	Through: 12/31/2019	Month/Day/Year (mm/dd/yyyy)
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## A. Person Filing

### 3. Name and mailing address (include ZIP Code):

Name Peter A List  
Title Founder & CEO  
Organization Kulture Consulting LLC  
P.O. Box, Building and Room Number, if any  
PO Box 2877  
Street \_\_\_\_\_  
City Pawleys Island  
State SC ZIP Code + 4 29585

### 4. Any other address where records necessary to verify this report are kept:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
P.O. Box, Building and Room Number, if any  
\_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 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 the Section on penalties in the instructions)

17. Signed [Signature] President  
Title President  
(If other title, see instructions)

18. Signed [Signature] Treasurer  
Title Treasurer  
(If other title, see instructions)

On 3/9/2020 843-314-0383  
Date Telephone Number

On 3/9/2020 843-314-0383  
Date Telephone Number

Name of Person Filing: Peter A List	File Number C- 00322
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer _____	P.O. Box, Bldg., Room No., if any _____
Trade Name _____	Street _____
Attention To: _____	City _____
Title _____	State _____ ZIP Code + 4 _____
5.b. Termination Date	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the _____													
7. Disbursements to Officers and Employees (a) Name	EMPLOYER												
	CITY												
	STATE												
8. Total disbursements to officers and employees	<table border="1"> <tr> <td>and Administrative Expenses</td> <td></td> </tr> <tr> <td>city</td> <td></td> </tr> <tr> <td>for Professional Services</td> <td></td> </tr> <tr> <td>s Made</td> <td></td> </tr> <tr> <td>Disbursements</td> <td></td> </tr> <tr> <td>Disbursements (Sum of Items 8 – 13)</td> <td></td> </tr> </table>	and Administrative Expenses		city		for Professional Services		s Made		Disbursements		Disbursements (Sum of Items 8 – 13)	
and Administrative Expenses													
city													
for Professional Services													
s Made													
Disbursements													
Disbursements (Sum of Items 8 – 13)													

<b>D. Schedule of Disbursements for Reporting Period</b>	
15.a. Employer Name:	
15.c. To Whom Paid	15.d. Amount
Name _____	
Title _____	
Organization _____	15.e. Purpose
P.O. Box, Building and Room Number, if any	
_____	
Street _____	
City _____	
State _____ ZIP Code + 4 _____	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Peter A List	File Number C- 00322
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**B. Statement of Receipts** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____		City _____	
Title _____		State _____ ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS _____			

**C. Statement of Disbursements** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees: _____				14. Total Disbursements (Sum of Items 8 – 13) _____

**D. Schedule of Disbursements for Reportable Activity** Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: _____		15.b. Trade Name, if any: _____	
15.c. To Whom Paid		15.d. Amount	
Name _____		15.e. Purpose	
Title _____			
Organization _____			
P.O. Box, Building and Room Number, if any _____			
Street _____			
City _____			
State _____ ZIP Code + 4 _____			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY _____			

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> Brose North America Inc.	<b>15.b. Trade Name, If any:</b> Brose Jefferson
<b>15.c. To Whom Paid</b> Name Ronn <input type="checkbox"/> English Title CEO Organization The Alton Group, LLC  P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	<b>15.d. Amount</b> 18,848  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> Sysco Corporation	<b>15.b. Trade Name, If any:</b> Sysco Foods of South Florida
<b>15.c. To Whom Paid</b> Name Ronn <input type="checkbox"/> English Title CEO Organization The Alton Group, LLC  P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	<b>15.d. Amount</b> 114,689  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> Barney's Inc.	<b>15.b. Trade Name, If any:</b> Barney's New York
<b>15.c. To Whom Paid</b> Name Ronn <input type="checkbox"/> English Title CEO Organization The Alton Group, LLC  P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	<b>15.d. Amount</b> 5,874  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

HP Hood, LLC

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Ronn ☐ English

Title CEO

Organization The Alton Group, LLC

P.O. Box, Building and Room Number, if any

#433

Street 712 Bancroft Road

City Walnut Creek

State California ZIP Code + 4 94598

15.d. Amount 18,992

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Strategic Resources Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Ronn ☐ English

Title CEO

Organization The Alton Group, LLC

P.O. Box, Building and Room Number, if any

#433

Street 712 Bancroft Road

City Walnut Creek

State California ZIP Code + 4 94598

15.d. Amount 2,653

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Strategic Resources Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Ronn ☐ English

Title CEO

Organization The Alton Group, LLC

P.O. Box, Building and Room Number, if any

#433

Street 712 Bancroft Road

City Walnut Creek

State California ZIP Code + 4 94598

15.d. Amount 10,978

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Phoebe Ministries

## 15.b. Trade Name, If any:

Wyncote Church Home, PhoebeWyncote

## 15.c. To Whom Paid

Name Ronn ☐ English

Title CEO

Organization The Alton Group, LLC

P.O. Box, Building and Room Number, if any

#433

Street 712 Bancroft Road

City Walnut Creek

State California ZIP Code + 4 94598

15.d. Amount 60,050

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Brambles Limited

## 15.b. Trade Name, If any:

CHEP Recycled Pallet Solutions

## 15.c. To Whom Paid

Name Ronn ☐ English

Title CEO

Organization The Alton Group, LLC

P.O. Box, Building and Room Number, if any

#433

Street 712 Bancroft Road

City Walnut Creek

State California ZIP Code + 4 94598

15.d. Amount 201

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

United Site Services of Nevada Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Ronn ☐ English

Title CEO

Organization The Alton Group, LLC

P.O. Box, Building and Room Number, if any

#433

Street 712 Bancroft Road

City Walnut Creek

State California ZIP Code + 4 94598

15.d. Amount 4,060

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: TECT Aerospace LLC	15.b. Trade Name, If any: 
15.c. To Whom Paid Name Ronn <input type="checkbox"/> English Title CEO Organization The Alton Group, LLC  P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 3,384  15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

15.a. Employer Name: Ingersoll Rand	15.b. Trade Name, If any: Trane US, Inc.
15.c. To Whom Paid Name Ronn <input type="checkbox"/> English Title CEO Organization The Alton Group, LLC  P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 31,425  15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

15.a. Employer Name: Hudson's Bay Company	15.b. Trade Name, If any: Saks Fifth Avenue
15.c. To Whom Paid Name Ronn <input type="checkbox"/> English Title CEO Organization The Alton Group, LLC  P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road City Walnut Creek State California ZIP Code + 4 94598	15.d. Amount 63,644  15.e. Purpose Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Ingersoll Rand

## 15.b. Trade Name, If any:

Trane Commercial HVAC

## 15.c. To Whom Paid

Name Ronn English

Title CEO

Organization The Alton Group, LLC

P.O. Box, Building and Room Number, if any

#433

Street 712 Bancroft Road

City Walnut Creek

State California ZIP Code + 4 94598

15.d. Amount 30,083

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Interlake Mecalux

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Kirk Cummings

Title President

Organization Cummings Group, LLC

P.O. Box, Building and Room Number, if any

PO Box 882

Street

City Lapeer

State Michigan ZIP Code + 4 48446

15.d. Amount 25,852

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Ingersoll Rand

## 15.b. Trade Name, If any:

Trane Commercial HVAC

## 15.c. To Whom Paid

Name Kirk Cummings

Title President

Organization Cummings Group, LLC

P.O. Box, Building and Room Number, if any

PO Box 882

Street

City Lapeer

State Michigan ZIP Code + 4 48446

15.d. Amount 21,663

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.



**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> Brose North America Inc.	<b>15.b. Trade Name, If any:</b> Brose Jefferson
<b>15.c. To Whom Paid</b> Name Kirk Cummings Title President Organization Cummings Group, LLC  P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	<b>15.d. Amount</b> 4,939  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
<b>15.a. Employer Name:</b> Readington Farms	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> Name Kirk Cummings Title President Organization Cummings Group, LLC  P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	<b>15.d. Amount</b> 7,796  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
<b>15.a. Employer Name:</b> Calumet Packaging	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> Name Kirk Cummings Title President Organization Cummings Group, LLC  P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	<b>15.d. Amount</b> 41,784  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Vertellus LLC

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Kirk ☐ Cummings

Title President

Organization Cummings Group, LLC

P.O. Box, Building and Room Number, if any

PO Box 882

Street

City Lapeer

State Michigan

ZIP Code + 4 48446

15.d. Amount 23,294

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

FedEx Supply Chain

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Kirk ☐ Cummings

Title President

Organization Cummings Group, LLC

P.O. Box, Building and Room Number, if any

PO Box 882

Street

City Lapeer

State Michigan

ZIP Code + 4 48446

15.d. Amount 10,210

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

TIMCO Aerosystems LLC

## 15.b. Trade Name, If any:

HAECO Cabin Solutions

## 15.c. To Whom Paid

Name Kirk ☐ Cummings

Title President

Organization Cummings Group, LLC

P.O. Box, Building and Room Number, if any

PO Box 882

Street

City Lapeer

State Michigan

ZIP Code + 4 48446

15.d. Amount 74,967

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> TECT Aerospace LLC	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Kirk Cummings Title President Organization Cummings Group, LLC  P.O. Box, Building and Room Number, if any PO Box 882 Street City Lapeer State Michigan ZIP Code + 4 48446	<b>15.d. Amount</b> 1,978  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> Sugar House Casino	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Joanne G Davis Title Individual Organization  P.O. Box, Building and Room Number, if any Suite 140 Street 1700 Bent Creek Boulevard City Mechanicsburg State Pennsylvania ZIP Code + 4 17050	<b>15.d. Amount</b> 5,083  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> Strategic Resources Inc.	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Joanne G Davis Title Individual Organization  P.O. Box, Building and Room Number, if any Suite 140 Street 1700 Bent Creek Boulevard City Mechanicsburg State Pennsylvania ZIP Code + 4 17050	<b>15.d. Amount</b> 21,824  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> Hudson's Bay Company	<b>15.b. Trade Name, If any:</b> Saks Fifth Avenue
<b>15.c. To Whom Paid</b> Name Joanne G. Davis Title Individual Organization  P.O. Box, Building and Room Number, if any Suite 140 Street 1700 Bent Creek Boulevard City Mechanicsburg State Pennsylvania ZIP Code + 4 17050	<b>15.d. Amount</b> 58,732  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> Prizer-Painter Stove Works Inc.	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> Name Matt Antonek Title President Organization Employer Advisory Group, LLC  P.O. Box, Building and Room Number, if any PO Box 86628 Street City St Petersburg State Florida ZIP Code + 4 33738	<b>15.d. Amount</b> 1,225  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> TECT Aerospace LLC	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> Name Matt Antonek Title President Organization Employer Advisory Group, LLC  P.O. Box, Building and Room Number, if any PO Box 86628 Street City St Petersburg State Florida ZIP Code + 4 33738	<b>15.d. Amount</b> 32,378  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> Hornblower Group	<b>15.b. Trade Name, If any:</b> HNY Ferry LLC
<b>15.c. To Whom Paid</b> Name Rian <input type="checkbox"/> Wathen Title President Organization Independent Center for Worker Education  P.O. Box, Building and Room Number, if any #201 Street 8206 Rockville Road City Indianapolis State Indiana ZIP Code + 4 46214	<b>15.d. Amount</b> 23,641  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> NCR Corporation	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Rian <input type="checkbox"/> Wathen Title President Organization Independent Center for Worker Education  P.O. Box, Building and Room Number, if any #201 Street 8206 Rockville Road City Indianapolis State Indiana ZIP Code + 4 46214	<b>15.d. Amount</b> 8,019  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> Interlake Mecalux	<b>15.b. Trade Name, If any:</b> 
<b>15.c. To Whom Paid</b> Name Rian <input type="checkbox"/> Wathen Title President Organization Independent Center for Worker Education  P.O. Box, Building and Room Number, if any #201 Street 8206 Rockville Road City Indianapolis State Indiana ZIP Code + 4 46214	<b>15.d. Amount</b> 35,281  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Beaumont Health

## 15.b. Trade Name, If any:

Beaumont Hospital Royal Oak

## 15.c. To Whom Paid

Name Rian ☐ Wathen

Title President

Organization Independent Center for Worker Education

P.O. Box, Building and Room Number, if any

#201

Street 8206 Rockville Road

City Indianapolis

State Indiana ZIP Code + 4 46214

15.d. Amount 413,337

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

DaVita Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Linda ☐ Broderick

Title Sole Proprietor

Organization Linda Inez Consulting, LLC

P.O. Box, Building and Room Number, if any

Suite 200

Street 460 King Street

City Charleston

State South Carolina ZIP Code + 4 29403

15.d. Amount 264,863

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Brose North America Inc.

## 15.b. Trade Name, If any:

Brose Jefferson

## 15.c. To Whom Paid

Name Linda ☐ Broderick

Title Sole Proprietor

Organization Linda Inez Consulting, LLC

P.O. Box, Building and Room Number, if any

Suite 200

Street 460 King Street

City Charleston

State South Carolina ZIP Code + 4 29403

15.d. Amount 15,366

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C-00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

RWJ Barnabas Health

## 15.b. Trade Name, If any:

Robert Wood Johnson Univ Hospital

## 15.c. To Whom Paid

Name Linda ☐ Broderick

Title Sole Proprietor

Organization Linda Inez Consulting, LLC

P.O. Box, Building and Room Number, if any

Suite 200

Street 460 King Street

City Charleston

State South Carolina ZIP Code + 4 29403

15.d. Amount 10,474

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

USSC Group, Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Linda ☐ Broderick

Title Sole Proprietor

Organization Linda Inez Consulting, LLC

P.O. Box, Building and Room Number, if any

Suite 200

Street 460 King Street

City Charleston

State South Carolina ZIP Code + 4 29403

15.d. Amount 8,902

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Ingersoll Rand

## 15.b. Trade Name, If any:

Trane US, Inc.

## 15.c. To Whom Paid

Name Linda ☐ Broderick

Title Sole Proprietor

Organization Linda Inez Consulting, LLC

P.O. Box, Building and Room Number, if any

Suite 200

Street 460 King Street

City Charleston

State South Carolina ZIP Code + 4 29403

15.d. Amount 69,466

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Beaumont Health

## 15.b. Trade Name, If any:

Beaumont Hospital Royal Oak

## 15.c. To Whom Paid

Name Linda Broderick

Title Sole Proprietor

Organization Linda Inez Consulting, LLC

P.O. Box, Building and Room Number, if any

Suite 200

Street 460 King Street

City Charleston

State South Carolina ZIP Code + 4 29403

15.d. Amount 2,719

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Ingersoll Rand

## 15.b. Trade Name, If any:

Trane Commercial HVAC

## 15.c. To Whom Paid

Name Quentin Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

P.O. Box, Building and Room Number, if any

PO Box 561

Street

City Blackwood

State New Jersey ZIP Code + 4 08012

15.d. Amount 27,341

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Brambles Limited

## 15.b. Trade Name, If any:

CHEP Recycled Pallet Solutions

## 15.c. To Whom Paid

Name Quentin Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

P.O. Box, Building and Room Number, if any

PO Box 561

Street 7426 Cherry Ave

City Blackwood

State New Jersey ZIP Code + 4 08012

15.d. Amount 2,831

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.



Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Sugar House Casino

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name ☐ Quentin ☐ Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

P.O. Box, Building and Room Number, if any

PO Box 561

Street

City Blackwood

State New Jersey

ZIP Code + 4 08012

15.d. Amount 5,760

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

HP Hood, LLC

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name ☐ Quentin ☐ Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

P.O. Box, Building and Room Number, if any

PO Box 561

Street

City Blackwood

State New Jersey

ZIP Code + 4 08012

15.d. Amount 8,082

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

PRG Enterprises, Inc.

## 15.b. Trade Name, If any:

Save-A-Lot Food Store

## 15.c. To Whom Paid

Name ☐ Quentin ☐ Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

P.O. Box, Building and Room Number, if any

PO Box 561

Street

City Blackwood

State New Jersey

ZIP Code + 4 08012

15.d. Amount 4,362

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C-00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Strategic Resources Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name ☐ Quentin ☐ Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

## P.O. Box, Building and Room Number, if any

PO Box 561

Street

City Blackwood

State New Jersey

ZIP Code + 4 08012

15.d. Amount 11,542

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Phoebe Ministries

## 15.b. Trade Name, If any:

Wyncote Church Home, PhoebeWyncote

## 15.c. To Whom Paid

Name ☐ Quentin ☐ Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

## P.O. Box, Building and Room Number, if any

PO Box 561

Street

City Blackwood

State New Jersey

ZIP Code + 4 08012

15.d. Amount 18,869

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Milso Industries Corporation

## 15.b. Trade Name, If any:

Matthews Aurora

## 15.c. To Whom Paid

Name ☐ Quentin ☐ Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

## P.O. Box, Building and Room Number, if any

PO Box 561

Street

City Blackwood

State New Jersey

ZIP Code + 4 08012

15.d. Amount 3,111

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

United Site Services of Nevada Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Quentin Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

P.O. Box, Building and Room Number, if any

PO Box 561

Street

City Blackwood

State New Jersey ZIP Code + 4 08012

15.d. Amount 36,481

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Staples Contract &amp; Commercial LLC

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Quentin Nelson

Title Sole Proprietor

Organization Noslen &amp; Associates, LLC

P.O. Box, Building and Room Number, if any

PO Box 561

Street

City Blackwood

State New Jersey ZIP Code + 4 08012

15.d. Amount 6,678

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

DaVita Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Adriana Ortiz

Title Managing Partner

Organization Solutions Labor Relations Consultants

P.O. Box, Building and Room Number, if any

suite 210-106

Street 7426 Cherry Ave

City Fontana

State California ZIP Code + 4 92336

15.d. Amount 20,901

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Ingersoll Rand

## 15.b. Trade Name, If any:

Trane Commercial HVAC

## 15.c. To Whom Paid

Name Carlos Ortiz

Title Managing Partner

Organization Solutions Labor Relations Consultants

P.O. Box, Building and Room Number, if any

suite 210-106

Street 7426 Cherry Ave

City Fontana

State California

ZIP Code + 4 92336

15.d. Amount 25,442

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Cargill Meat Solutions Corporation

## 15.b. Trade Name, If any:

Five Star Custom Foods Ltd.

## 15.c. To Whom Paid

Name Carlos Ortiz

Title Managing Partner

Organization Solutions Labor Relations Consultants

P.O. Box, Building and Room Number, if any

suite 210-106

Street 7426 Cherry Ave

City Fontana

State California

ZIP Code + 4 92336

15.d. Amount 24,120

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Phoebe Ministries

## 15.b. Trade Name, If any:

Wyncote Church Home, PhoebeWyncote

## 15.c. To Whom Paid

Name Carlos Ortiz

Title Managing Partner

Organization Solutions Labor Relations Consultants

P.O. Box, Building and Room Number, if any

suite 210-106

Street 7426 Cherry Ave

City Fontana

State California

ZIP Code + 4 92336

15.d. Amount 55,604

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Prizer-Painter Stove Works Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Carlos Ortiz

Title Managing Partner

Organization Solutions Labor Relations Consultants

P.O. Box, Building and Room Number, if any

suite 210-106

Street 7426 Cherry Ave

City Fontana

State California

ZIP Code + 4 92336

15.d. Amount 23,864

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

United Site Services of Nevada Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Carlos Ortiz

Title Managing Partner

Organization Solutions Labor Relations Consultants

P.O. Box, Building and Room Number, if any

suite 210-106

Street 7426 Cherry Ave

City Fontana

State California

ZIP Code + 4 92336

15.d. Amount 35,278

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

TIMCO Aerosystems LLC

## 15.b. Trade Name, If any:

HAECO Cabin Solutions

## 15.c. To Whom Paid

Name Carlos Ortiz

Title Managing Partner

Organization Solutions Labor Relations Consultants

P.O. Box, Building and Room Number, if any

suite 210-106

Street 7426 Cherry Ave

City Fontana

State California

ZIP Code + 4 92336

15.d. Amount 16,348

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

GF Hotels

## 15.b. Trade Name, If any:

Hartford Marriott Farmington

## 15.c. To Whom Paid

Name Carlos Ortiz

Title Managing Partner

Organization Solutions Labor Relations Consultants

P.O. Box, Building and Room Number, if any

suite 210-106

Street 7426 Cherry Ave

City Fontana

State California

ZIP Code + 4 92336

15.d. Amount 8,658

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

PaintTech Painting &amp; Wallcovering

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name John A Negroni

Title Sole Proprietor

Organization The Tally Consultancy, LLC

P.O. Box, Building and Room Number, if any

PO Box 494

Street

City Norwalk

State Connecticut

ZIP Code + 4 06852

15.d. Amount 945

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Village Super Markets Inc.

## 15.b. Trade Name, If any:

Gourmet Garage NYC

## 15.c. To Whom Paid

Name John A Negroni

Title Sole Proprietor

Organization The Tally Consultancy, LLC

P.O. Box, Building and Room Number, if any

PO Box 494

Street

City Norwalk

State Connecticut

ZIP Code + 4 06852

15.d. Amount 9,311

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

<b>15.a. Employer Name:</b> Saint-Gobain Corporation	<b>15.b. Trade Name, If any:</b> Saint-Gobain Ceramics & Plastics
<b>15.c. To Whom Paid</b> Name John A Negroni Title Sole Proprietor Organization The Tally Consultancy, LLC  P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	<b>15.d. Amount</b> 24,511  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> GF Hotels	<b>15.b. Trade Name, If any:</b> Hartford Marriott Farmington
<b>15.c. To Whom Paid</b> Name John A Negroni Title Sole Proprietor Organization The Tally Consultancy, LLC  P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	<b>15.d. Amount</b> 7,110  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

<b>15.a. Employer Name:</b> First Step Staffing	<b>15.b. Trade Name, If any:</b> Country Fresh Produce
<b>15.c. To Whom Paid</b> Name John A Negroni Title Sole Proprietor Organization The Tally Consultancy, LLC  P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk State Connecticut ZIP Code + 4 06852	<b>15.d. Amount</b> 4,640  <b>15.e. Purpose</b> Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Ingersoll Rand

## 15.b. Trade Name, If any:

Trane Commercial HVAC

## 15.c. To Whom Paid

Name Oscar ☐ Wilmington

Title Individual

Organization

P.O. Box, Building and Room Number, if any

Box 115

Street 2017 Lomita Boulevard

City Lomita

State California ZIP Code + 4 90717

15.d. Amount 11,123

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Brose North America Inc.

## 15.b. Trade Name, If any:

Brose Jefferson Inc.

## 15.c. To Whom Paid

Name Oscar ☐ Wilmington

Title Individual

Organization

P.O. Box, Building and Room Number, if any

Box 115

Street 2017 Lomita Boulevard

City Lomita

State California ZIP Code + 4 90717

15.d. Amount 16,400

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Voss Industries Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Oscar ☐ Wilmington

Title Individual

Organization

P.O. Box, Building and Room Number, if any

Box 115

Street 2017 Lomita Boulevard

City Lomita

State California ZIP Code + 4 90717

15.d. Amount 99,710

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.



Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Public Health Management Corporation

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Oscar ☐ Wilmington

Title Individual

Organization

P.O. Box, Building and Room Number, if any

Box 115

Street 2017 Lomita Boulevard

City Lomita

State California ZIP Code + 4 90717

15.d. Amount 60,178

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Sysco Hampton Roads Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Oscar ☐ Wilmington

Title Individual

Organization

P.O. Box, Building and Room Number, if any

Box 115

Street 2017 Lomita Boulevard

City Lomita

State California ZIP Code + 4 90717

15.d. Amount 26,728

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

USSC Group Inc.

## 15.b. Trade Name, If any:

United States Seating Co Group

## 15.c. To Whom Paid

Name Oscar ☐ Wilmington

Title Individual

Organization

P.O. Box, Building and Room Number, if any

Box 115

Street 2017 Lomita Boulevard

City Lomita

State California ZIP Code + 4 90717

15.d. Amount 8,716

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

Name of Person Filing: Peter List

File Number C- 00322

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15.a. Employer Name:

Ingersoll Rand

## 15.b. Trade Name, If any:

Trane US, Inc.

## 15.c. To Whom Paid

Name Oscar ☐ Wilmington

Title Individual

Organization

P.O. Box, Building and Room Number, if any

Box 115

Street 2017 Lomita Boulevard

City Lomita

State California ZIP Code + 4 90717

## 15.d. Amount 25,990

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Voss Industries Inc.

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Luisa ☐ Perez

Title Individual

Organization

P.O. Box, Building and Room Number, if any

Suite 155, #132

Street 1751 Pine Island Road

City Cape Coral

State Florida ZIP Code + 4 33909

## 15.d. Amount 74,680

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.

## 15.a. Employer Name:

Public Health Management Corporation

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Luisa ☐ Perez

Title Individual

Organization

P.O. Box, Building and Room Number, if any

Suite 155, #132

Street 1751 Pine Island Road

City Cape Coral

State Florida ZIP Code + 4 33909

## 15.d. Amount 23,044

## 15.e. Purpose

Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.