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.

File Number   C - 0.0322	ORDA						
2. Name and madeling address (include ZIP Code): Name    Peter   A   List   Name	1. File Number: C- 00322						<del></del>
2. Name and madeling address (include ZIP Code): Name    Peter   A   List   Name							
Name   Peter   A   List   Title   Founder & CEO   For Dear Part   Founder & CEO   Founder & CE							
Title Founder & CEO  Organization Kulture Consulting, LLC  Organization  P.O. Box, Bldg., Room No., if any p.O. Box 2877  Street  Street  City Pavleys Island  State South Carolina  ZIP Code + 4 29585  State  State  State  ZIP Code + 4 29585  State  ZIP Code + 4 2017  Nature of Agreement or Arrangement  6 Full name and address of employer with whom made (include ZIP Code):  Name  Organization  Name  Organization  Name  Street 12500 NW 112th Ave  City Medley  State Florida  ZIP Code + 4 33178  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 compolete, (See Section VII on penalties in the instructions.)  13. Signed  Title  Other (Specify)  Treasurer  (I' other title, see instructions)  Treasurer  (I' other title, see instructions)  14. Signed  Title  Other (Specify)  Manager of Administration  On 10/2/2017  843-314-0383	Name and mailing address (include ZIP Code):			3. Any other address where records necessary to verify this report are kept:			
Organization Kulture Consulting, LLC  P.O. Box, Bidg., Room No., if any p.o. Box 2877  Street  City Pawleys. Island  ZiP Code + 4 29585  State South Carolina  ZiP Code + 4 29585  State  Size / 17  A 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): Name  Organization  Name  Organization  Name  Size / 17  B. Name of person(e) through whom made: Name Jon Abreu  Name  Name  Name  Street   2iP Code + 4 2017  B. Name of person(e) through whom made: Name Jon Abreu  Name  Street   2iP Code + 4 33178  Name  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.)  Title  Other (Specify)  Treasurer  (if other title, see instructions)  Treasurer  (if other title, see instructions)  Title Other (Specify)  Manager of Administration  On 10/2/2017 843-314-0383	Name Peter A List			Name			
P.O. Box, Bldg., Room No., if any p.O. Box 2877  Street  City Pawleys Island  ZIP Code + 4 29585  State  ZIP Code + 4 33178  Name  Name  Name  Storet In 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	Title Founder & CEO			Title			
Street City Pawleys Island State South Carolina ZIP Code + 4   29585 State ZIP Code + 4   29585  Name Dec	Organization Kulture Consulting, LLC			Organization			
City Pawleys Island  State South Carolina  ZIP Code + 4 29585  State  ZIP Code + 4  29585  State  ZIP Code + 4  21P Code + 4  22P Code + 4  22	P.O. Box, Bldg., Room No., if any P.O. Box 2877			P.O. Box, Bldg., Room No., if any			
State South Carolina  ZIP Code + 4 29585  State  ZIP Code + 4  4. Date fiscal year ends: Dec	Street			Street			
4. Date fiscal year ends: Dec	City Pawleys Island			City			
Nature of Agreement or Arrangement  6. Full name and address of employer with whom made (include ZIP Code):  Name  Organization Sysco South Plorida, Inc.  Trade Name, if any  P.O. Box, Bidg., Room No., if any  Street 12500 NW 112th Ave  City Medley State Florida  ZIP Code + 4 33178  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.)  Title  Other (Specify)  Founder & CEO  Title  Other (Specify)  Manager of Administration  On 10/2/2017  843-314-0383	State South Carolina	ZIP Code + 4	29585	State	,	ZIP Code + 4	
Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name  Organization Sysco South Florida, Inc.  Trade Name, if any P.O. Box, Bidg., Room No., if any Street 12500 NW 112th Ave City Medley State Florida ZIP Code + 4 33178  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 Other (Specify) Founder & CEO  On 10/2/2017 843-314-0383  On 10/2/2017 843-314-0383	Date fiscal year ends:	5. Type of person	n:				
6. Full name and address of employer with whom made (include ZIP Code):  Name Organization Sysco South Florida, Inc.  Trade Name, if any P.O. Box, Bldg., Room No., if any Street 12500 NW 112th Ave City Medley State Florida ZIP Code + 4 33178  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  Other (Specify)  Pounder & CEO  On 10/2/2017 843-314-0383  On 10/2/2017 843-314-0383	Dec / 17	a. Individual	b. Partnership	c. Corp	oration d. X Other	(Specify): LLC	
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State Florida  ZIP Code + 4 33178  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  On 10/2/2017  843-314-0383  Name  Nam	Street 12500 NW 112th Ave			Name			
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On 10/2/2017 843-314-0383 On 10/2/2017 843-314-0383	the information contained in any according true, correct, and complete, (See Sec. 13. Signed State (Specify)	mpanying documents	has been examined the instructions.)  President (If other title, see	by the signa	tory and is, to the best	t of the undersigned's know	vledge and belief,  Treasurer  (If other title, see
	Founder & CEO				Manager of Ad	ministration	
Date Telephone Number Date Telephone Number	On 10/2/2017 8	43-314-0383		On	10/2/2017	843-314-0383	
	Date	Telephone Number			Date	Telephone Number	

Filer: Peter List Kulture Consulting, LLC		File Number C- 00322					
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.							
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 employe role of the NLRB, collective bargaining and union c	eard-signing tactics						
11.b. Period during which performed: September-October 2017	11.c. Extent performed: On-Going						
11.d. Name and address through whom performed:	Additional Name and address	s through whom performed, if any:					
Name Ronn English	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 of	rganizations:					
All warehouse employees employed by the employer. Including: checkers, forklift operators (let down), loaders, receivers, selectors, slot coordinators, short chasers and short runners.	International Brotherhood of Teamsters, Local Unit No. 769						
Excluding: All other employees including drivers, mechanics, clerical, inventory control, supervisors and guards as defined in the Act.	·						