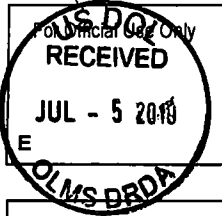


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

### AMENDED

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.

706577

1. File Number: C- 00322

#### Person Filing

2. Name and mailing address (include ZIP Code):

Name Peter A List

Title Founder & CEO

Organization Kulture Consulting, LLC

P.O. Box, Bldg., Room No., if any P.O. Box 2877

Street

City Pawleys Island

State South Carolina

ZIP Code + 4 29585

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

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 19

5. Type of person:

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 Hornblower Group

Trade Name, if any HNY Ferry, LLC

P.O. Box, Bldg., Room No., if any

Street 110 Wall Street 5th Floor

City New York

State New York

ZIP Code + 4 10005

7. Date entered into:

1 / 14 / 2019

8. Name of person(s) through whom made:

Name Mitch Randall

Name

Name

Name

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  
(If other title, see  
instructions)

Title Other (Specify)

Founder & CEO

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

Manager of Administration

On 6/26/2019

Date

843-314-0383

Telephone Number

On 6/26/2019

Date

843-314-0383

Telephone Number

Filer: Rian Wathen      Independent Center for Worker Education	File Number C-
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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.):

Oral agreement made with Kulture Consulting, LLC \$281.25 per hour, plus actual and reasonable expenses.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Traveled to New York. Met with management; Met with employees to present informational meetings relative to the process of unionization, the role of the NLRB, and collective bargaining.	
11.b. Period during which performed: January-January	11.c. Extent performed: Completed
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 Captains employed by the Employer at its New York location.	MARINE ENGINEERS BENEFICIAL ASSOCIATION, AFL-CIO, DISTRICT 1