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. 706826 File Number: 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 John A Negroni Title Title Organization The Tally Consultancy Organization P.O. Box, Bldg., Room No., if any $_{PO}$ $_{Box}$ $_{494}$ P.O. Box, Bldg., Room No., if any Street Street City City Norwalk State Connecticut ZIP Code + 4 06852 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Individual b. Partnership c. Corporation d. Other (Specify): Single Member LLC **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 29 / 2018 Name Todd Zeller 8. Name of person(s) through whom made: Organization Becton, Dickinson Name Peter List Trade Name, if any BD Medical & Procedural Solutions Name P.O. Box, Bldg., Room No., if any Street 14 Grace Way Name City Canaan Name ZIP Code + 4 State Connecticut 06018 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 Treasurer (If other title, see (If other title, see instructions) instructions) Sole Proprietor Title 7/6/2019 203-536-9808 Telephone Number Date Telephone Number Date

Filer: John Negroni The Tally Consultancy	File Number C-
9. Check the appropriate box to indicate whether an object of the activities undertaken, is di	irectly 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 at	itached):
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Oral agreement made with Kulture Consulting, LLC; \$262.50 expenses.	per hour, plus actual and reasonable

Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

Traveled to employer; provided information to management and employees relative to the National Labor Relations Act, employees' Section Seven Rights, as well as information regarding the NLRB election process and collective bargaining; answered questions.

11.b. Period during which performed:	11.c. Extent performed:
January-February 2018	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:
INCLUDED: All full-time and regular part-time hourly production employees, including machine operators, technicians, cell leads, tool room, maintenance, shipping & receiving and hourly quality employees employed by the employer at its Canaan, CT facility.	International Association of Machinists and Aerospace Workers, AFL-CIO, District Lodge 26
EXCLUDED: All other employees, managers, office clerical employees and guards, professional employees and supervisors as defined in the Act.	

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