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 A List Peter 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 Pawleys Island City State South Carolina ZIP Code + 4 29585 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Corporation d. X Other (Specify): LLC Dec Individual b. Partnership c. **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 2018 21 8. Name of person(s) through whom made: Organization Paintech Painting & Wallcovering Name William Shaid Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 920 Matsonford Road Name Conshohocken Name ZIP Code + 4 19428 State Pennsylvania 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) Other (Specify) Other (Specify) Title Title Founder & CEO Manager of Administration

9/10/2018

Date

843-314-0383

Telephone Number

9/10/2018

Date

843-314-0383

Telephone Number

Ruiture Consulting, LLC	The 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 collectively through representatives of their own choosing.	exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of employees or a labor organization such employer, except information for use solely in conjunction with an administrative or arbitral pro-	
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 agreem amount of hours to be performed. Fee schedule based on a per hour rat	

Specific	ACTIVITIES	to ne	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.

11.b. Period during which performed:	11.c. Extent performed:
August 2018	Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Juan A Negroni	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 full-time and regular part-time employees employed by the employer.	International Union of Painters and Allied Trades
	-NO PETITION
-NO PETITION	

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