

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.

706582

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 RWJ Barnabas Health

Trade Name, if any Robert Wood Johnson University Hospi

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

Street 1 Robert Wood Johnson Place

City New Brunswick

State New Jersey

ZIP Code + 4 08901

7. Date entered into:

3 / 3 / 2019

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

Name Martin Everhart

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 6/28/2019

Date

843-314-0383

Telephone Number

On 6/28/2019

Date

843-314-0383

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.):

Oral agreement made through Kulture Consulting, LLC \$350.00 per hour, per consultant, plus actual and reasonable expenses. No formal agreement relative to duration or amount of hours to be performed.

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; Met with HR and Legal Counsel; Met with MHS Leadership Team; Registered, created and designed a website; Monitored and prepared draft communications for MHS Workplace platform.	
11.b. Period during which performed:	11.c. Extent performed:
Various days beginning 3/3/19	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Peter List	Name Linda Broderick
Organization Kulture Consulting, LLC	Organization Linda Inez Consulting, LLC
P.O. Box, Bldg., Room No., if any P.O. Box 2877	P.O. Box, Bldg., Room No., if any Suite 200
Street	Street 460 Kings Street
City Pawleys Island	City Charleston
State South Carolina ZIP Code + 4 29585	State South Carolina ZIP Code + 4 29403
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All full and regular-part time Paramedics and EMTs employed by Robert Wood Johnson Univeristy Hospital.	International Association of Fire Fighters
-Petition Withdrawn	-Petition Withdrawn