

# 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- 68695

706584

### Person Filing

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

Name Linda Broderick

Title

Organization Linda Inez Consulting, LLC

P.O. Box, Bldg., Room No., if any Suite 200

Street 460 King Street

City Charleston

State South Carolina

ZIP Code + 4 29403

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 Martin Everhart

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 Peter List

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 Linda Broderick

President  
(If other title, see  
instructions)

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Sole Proprietor

Title

On 6/25/2019

Date

860-559-8368

Telephone Number

On

Date

Telephone Number

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 \$262.50 per hour, plus actual and reasonable expenses.

#### 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:

Various days beginning 3/3/19

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Peter List

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

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All full and regular-part time Paramedics and EMTs employed by Robert Wood Johnson Univeristy Hospital.

-Petition Withdrawn

12.b. Identify subject labor organizations:

International Association of Fire Fighters

-Petition Withdrawn