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- 65668 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 Kirk Cummings Title President Title Organization Cummings Group, LLC Organization P.O. Box, Bldg., Room No., if any $_{PO}$ $_{Box}$ 882 P.O. Box, Bldg., Room No., if any Street Street City City Lapeer State Michigan ZIP Code + 4 48446 State ZIP Code + 4 5. Type of person: 4. Date fiscal year ends: Partnership c. Corporation d. Other (Specify): LLC Dec Individual b. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: / 28 / 2018 Name Anne Mazza 8. Name of person(s) through whom made: Organization Brenntag Great Lakes Name Peter List Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 4420 North Harley Davidson Avenue City Wauwatosa Name ZIP Code + 4 53225 State Wisconsin 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.) President 13. Signed 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) President Title Title \_ 7/6/2019 248-210-1162 On

Date

Telephone Number

Telephone Number

Date

,	
Filer: Kirk Cummings Cummings Group, LLC	File Number C- 65668
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.	
	<u>-</u> .
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Traveled to and from employer. Met with management and employees to discuss collective bargaining and labor disputes; Provided information 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 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

City

State

NO PETITION

12.b. Identify subject labor organizations:

International Brotherhood of Teamsters

ZIP Code + 4

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ZIP Code + 4 29585

Street

City

Pawleys Island

12.a. Identify subject groups of employees:

All full-time and part-time warehouse employees employed by the employer located at 4420 North Harley Davidson Avenue, Wauwatosa, WI.

State South Carolina

NO PETITION