

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.

706578

1. File Number: C-68694

Person Filing

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

Name Rian Wathen

Title

Organization Independent Center for Worker Education

P.O. Box, Bldg., Room No., if any #201

Street 8206 Rockville Road

City Indianapolis

State Indiana

ZIP Code + 4 46214

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):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Mitch Randall

Organization Hornblower Group

Trade Name, if any HNY Ferry, LLC

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

Street 110 Wall Street 5th Floor

City New York

State New York

ZIP Code + 4 10005

7. Date entered into:

1 / 14 / 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 
Title President

President
(If other title, see
instructions)

14. Signed _____
Title _____

Treasurer
(If other title, see
instructions)

On 6/26/2019 317-850-0990
Date Telephone Number

On _____
Date Telephone Number

Filer: Rian Wathen Independent Center for Worker Education	File Number C-
---	----------------

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 \$281.25 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 New York. Met with management; Met with employees to present informational meetings relative to the process of unionization, the role of the NLRB, and collective bargaining.	
11.b. Period during which performed: January-January	11.c. Extent performed: 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:
All Captains employed by the Employer at its New York location.	MARINE ENGINEERS BENEFICIAL ASSOCIATION, AFL-CIO, DISTRICT 1