U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 09-30-2021

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

		**	73	1294
1. File Number C- 00322	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyy)		Month/Day/Year (mm/dd/yyy)
	From:	01/01/2019	Through:	12 /31/2019
A. Person Filing	•	٠.	•	
3. Name and mailing address (include ZIP Code):	4. Any other addres	s where records necess	ary to verify t	his report are kept:
Name Peter A List	Name	•		·
Title Founder & CEO		· · ·		
Organization Kulture Consulting LLC		·		
P.O. Box, Building and Room Number, if any	P.O. Box _i Building	and Room Number, if ar	ny	
PO Box 2877		•••		
Street		<u> </u>		
City Pawleys Island	City			<u>.</u>
State <u>SC</u> ZIP Code + 4 <u>29585</u>	State	ZIP Code + 4		
			•	
Sig	inatures			
Each of the undersigned declares, under penalty of perjury and other applical the information contained in any accompanying documents) has been examir true, correct, and complete. (See the Section on penalties in the instructions)	ned by the signatory and			
17. Signed President (If other title, see instructions)	18. Signed			Treasurer (If other title, see instructions)
			•	manuchona)
On 3/9/2020 843-314-0383 Telephone Number	On <u>3/9/2020</u> Date	843-314 Telephone		•
	, .	· · · · · · · · · · · · · · · · · · ·	• •	

Name of Person Filing: Peter A List	File Number C- 003	22	
B. Statement of Receipts Report all receipts from employers in connection or services.	with labor relations advic	ce or services regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Ad	dress:	
Employer	P.O. Box, Bldg , Roo	m Nó., if any	<u> </u>
Trade Name	Street		
Attention To:		· · · · · · · · · · · · · · · · · · ·	
Title	State	ZIP Code + 4	
		•	
5.b. Termination Date	5.c. Amount		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	1		
	· · .		-
C. Statement of Disbursements Report all disbursements made by the rep	orting organization in co	nnection with labor relations advice or	services rendered
7. Disbursements to Officers and Employe			
(a) Name			
		and Administrative Expenses	
CITY	•	city	
-25		for Professional Services	
STATE		s Made	
•		Disbursements	
8. Total disbursements to officers and empl		Disbursements (Sum of Items 8 – 13)	-
			· :
D. Schedule of Disbursements for Repor		nents made for the purposes describ	ped in Part D of the
15.a. Employer Name:			
15.c. To Whom Paid	15.d. Amount		·
Name			
Title	45 5		
Organization	15:e. Purpose		
P.O. Box, Building and Room Number, if any		•	•
,	,		-
Street			
City		<i>,</i>	•
State ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			
	:	•	v.

Name of Person Filing: Peter A List			File Numbe	r C- 00322	
B. Statement of Receipts Report all receipts from or services.	r employers ir	n connection v	with labor rela	tions advice or services regardless of the purpo	oses of the advice
5.a. Name and Address of Employer (including trade	name; if any).		failing Address:	
Employer			P.O. Box, E	Bldg., Room Nó., if any	
Trade Name		<u> </u>	Street		<u> </u>
Attention To:			Street		
Title	-	· 	State ZIP Code + 4		
					· !
5.b. Termination Date			5.c. Amoun	t	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	•	•			
C. Statement of Disbursements Report all disbut to the employer 7. Disbursements to Officers and Employees:	irsements ma rs listed in Pa	ide by the rep rt B.	orting organiz	ation in connection with labor relations advice	or services rendered
(a) Name	(b) Salary	(c) Expenses	(d) Totals	· · · · · · · · · · · · · · · · · · ·	·- -
			· ·	Office and Administrative Expenses	:
			*.	10. Publicity	-
· .			<u> </u>	11. Fees for Professional Services	
			1	12. Loans Made	1
Total disbursements to officers and employees:	<u> </u>			13. Other Disbursements14. Total Disbursements (Sum of Items 8 – 13)	
				14. Total Disbulsements (Sum of items 6 = 15)	
D. Schedule of Disbursements for Reportable Ac		e this Schedu tructions.	le to report or	lly disbursements made for the purposes descr	ibed in Part D of the
15.a. Employer Name:			15.b. Trade	Name, if any:	
15.c. To Whom Paid			15.d. Amour	nt .	
Name					
Title			15.e. Purpos	20	
Organization	·	<u> </u>	15.ę. Fuipos	oc .	•
P.O. Box, Building and Room Number, if any					
Street				•	
City		•			
State ZIP Code + 4					
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	BLE ACTIVIT	Ĺλ			
				:	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Brose North America Inc.	Brose Jefferson
15.c. To Whom Paid	15.d. Amount 18,848
Name Ronn English	15.e. Purpose
Title CEO .	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any #433	
Street 712 Bancroft Road	
City Walnut Creek State California ZIP Code + 4 94598	
State California Zii Code 4 34336	
15.a. Employer Name:	15.b. Trade Name, If any:
Sysco Corporation	Sysco Foods of South Florida
STOCK CORPORATION	Sister rooms of south frontal
15.c. To Whom Paid	15.d. Amount 114, 689
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
#433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
15.a. Employer Name:	15.b. Trade Name, If any:
Barney's Inc.	Barney's New York
15.c. To Whom Paid	15.d. Amount 5 , 874
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
#433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
HP Hood, LLC	
15.c. To Whom Paid	15.d. Amount 18,992
Name Ronn English	15.e. Purpose
Title CEO Organization The Alton Group, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any #433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
15.a. Employer Name:	15.b. Trade Name, If any:
Strategic Resources Inc.	
15.c. To Whom Paid	15.d. Amount 2 , 653
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
D.O. Dav. Building and Dagge Number if any	
P.O. Box, Building and Room Number, if any	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
State California . Jan Code 14 94596 .	
15.a. Employer Name:	15.b. Trade Name, If any:
Strategic Resources Inc.	
15.c. To Whom Paid	15.d. Amount 10,978
Name Ronn English	15.e. Purpose
Title CEO ·	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
#433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	

Name of Person Filing: Peter List	File Number C- 00322	
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.		
15.a. Employer Name:	15.b. Trade Name, If any:	
Phoebe Ministries	Wyncote Church Home, PhoebeWyncote	
15.c. To Whom Paid	15.d. Amount 60,050	
Name Ronn English	15.e. Purpose	
Title CEO	Disbursements were made to independent consultant	
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,	
	advice and expenses.	
P.O. Box, Building and Room Number, if any		
Street 712 Bancroft Road		
City Walnut Creek		
State California ZIP Code + 4 94598		
15.a. Employer Name:	15.b. Trade Name, If any:	
Brambles Limited	CHEP Recycled Pallet Solutions	
15.c. To Whom Paid	15.d. Amount 201	
Name Ronn English	15.e. Purpose	
Title CEO	Disbursements were made to independent consultant	
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.	
P.O. Box, Building and Room Number, if any		
Street 712 Bancroft Road		
City Walnut Creek		
State California ZIP Code + 4 94598		
	France Color	
15.a. Employer Name:	15.b. Trade Name, If any:	
United Site Services of Nevada Inc.		
15.c. To Whom Paid	15.d. Amount 4 , 060	
Name Ronn English	15.e. Purpose	
Title CEO	Disbursements were made to independent consultant	
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,	
P.O. Box, Building and Room Number, if any	advice and expenses.	
#433		
Street 712 Bancroft Road		
City Walnut Creek		
State California ZIP Code + 4 94598		

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
TECT Aerospace LLC	
15.c. To Whom Paid	15.d. Amount 3,384
Name Ronn English	15.e. Purpose
Title CEO Organization The Alton Group, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any #433 Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
15 a Employer Name:	15.b. Trade Name, If any:
15.a. Employer Name: Ingersoll Rand	Trane US, Inc.
ingersorr name	
15.c. To Whom Paid	15.d. Amount 31, 425
Name Ronn English	15.e. Purpose
Title CEO Organization The Alton Group, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
15.a. Employer Name:	15.b. Trade Name, If any:
Hudson's Bay Company	Saks Fifth Avenue
15.c. To Whom Paid	15.d. Amount 63, 644
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	Latitude and expenses.
#433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 30,083
Name Ronn English	15.e. Purpose
Title CEO	Disbursements were made to independent consultant
Organization The Alton Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
	auvice and expenses.
P.O. Box, Building and Room Number, if any	
#433	
Street 712 Bancroft Road	
City Walnut Creek	
State California ZIP Code + 4 94598	
15.a. Employer Name:	15.b. Trade Name, If any:
Interlake Mecalux	
15.c. To Whom Paid	15.d. Amount 25, 852
Name Kirk Cummings	15.e. Purpose
Title President .	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
	advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
State Michigan Zir Code 4 48446	
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 21, 663
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
Jair Code + 4 48446	
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Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Brose North America Inc.	Brose Jefferson
15.c. To Whom Paid	15.d. Amount 4, 939
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
15.a. Employer Name:	15.b. Trade Name, If any:
Readington Farms	13.b. Trade Name, if any.
Industry on Taxano	
15.c. To Whom Paid	15.d. Amount 7, 796
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
	advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
15.a. Employer Name:	15.b. Trade Name, If any:
Calumet Packaging	
15.c. To Whom Paid	15:d. Amount 41, 784
Namè Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Vertellus LLC	
15.c. To Whom Paid	15.d. Amount 23, 294
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
	advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
2 0000 //101/0	
15.a. Employer Name:	15.b. Trade Name, if any:
FedEx Supply Chain	
15.c. To Whom Paid	15.d. Amount 10, 21,0
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses
P.O. Box, Building and Room Number, if any	
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	•
15.a. Employer Name:	15.b. Trade Name, If any:
TIMCO Aerosystems LLC	HAECO Cabin Solutions
15.c. To Whom Paid	15.d. Amount 74, 967
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
<u>.</u>	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
TECT Aerospace LLC	
15.c. To Whom Paid	15.d. Amount 1,978
Name Kirk Cummings	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Cummings Group, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 882	
Street	
City Lapeer	
State Michigan ZIP Code + 4 48446	
15.a. Employer Name:	15.b. Trade Name, If any:
Sugar House Casino	
15.c. To Whom Paid	15.d. Amount 5 , 083
Name Joanne G Davis	15.e. Purpose
Title Individual	Disbursements were made to independent consultant
Organization	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
-	advice and expenses.
P.O. Box, Building and Room Number, if any Suite 140	
Street 1700 Bent Creek Boulevard	
City Mechanicsburg	
State Pennsylvania ZIP Code + 4 17050	
· · · · · · · · · · · · · · · · · · ·	
15.a. Employer Name: Strategic Resources Inc.	15.b. Trade Name, If any:
Strategie Resources inc.	
15.c. To Whom Paid	15.d. Amount 21,824
Name Joanne G Davis	15.e. Purpose
Title Individual	Disbursements were made to independent consultant
Organization	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
Suite 140	
Street 1700 Bent Creek Boulevard	
City Mechanicsburg	
State Pennsylvania ZIP Code + 4 17050	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Hudson's Bay Company	Saks Fifth Avenue
15.c. To Whom Paid	15.d. Amount 58 , 732
Name Joanne G Davis	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Suite 140	
Street 1700 Bent Creek Boulevard	
City Mechanicsburg	
State Pennsylvania ZIP Code + 4 17050	
15.a. Employer Name:	15.b. Trade Name, If any:
Prizer-Painter Stove Works Inc.	
15.c. To Whom Paid	15.d. Amount 1,225
Name Matt Antonek	15.e. Purpose
Title President Organization Employer Advisory Group, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 86628 Street City St Petersburg	
State Florida ZIP Code + 4 33738	
15.a. Employer Name: TECT Aerospace LLC	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 32, 378
Name Matt Antonek	15.e. Purpose
. Title President	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Employer Advisory Group, LLC P.O. Box, Building and Room Number, if any	Employee Relations and Human Resource services, advice and expenses.
PO Box 86628	
Street	[]
City St Petersburg	
State Florida ZIP Code + 4 33738	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Hornblower Group	HNY Ferry LLC
15.c. To Whom Paid	15.d. Amount 23,641
Name Rian Wathen	15.e. Purpose
Title President Organization Independent Center for Worker Education	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Street 8206 Rockville Road	
City Indianapolis	
State Indiana ZIP Code + 4 46214	
15.a. Employer Name:	15.b. Trade Name, If any:
NCR Corporation	
15.c. To Whom Paid	15.d. Amount 8 , 019
Name Rian Wathen	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Independent Center for Worker Education	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any #201	
Street 8206 Rockville Road	
City Indianapolis	
State Indiana ZIP Code + 4 46214	
0.000	
15.a. Employer Name:	15.b. Trade Name, If any:
Interlake Mecalux	
15.c. To Whom Paid	15.d. Amount 35 , 281
Name Rian Wathen	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Independent Center for Worker Education	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any #201	
Street 8206 Rockville Road	
City Indianapolis	
State Indiana ZIP Code + 4 46214	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedinstructions.	ule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Beaumont Health	Beaumont Hospital Royal Oak
15.c. To Whom Paid	15.d. Amount 413, 337
Name Rian Wathen	15.e. Purpose
Title President	Disbursements were made to independent consultant
Organization Independent Center for Worker Education	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
#201	
Street 8206 Rockville Road	
City [Indianapolis	
State Indiana ZIP Code + 4 46214	1
State Indiana 211 Code 14 30214	J L
15.a. Employer Name:	15.b. Trade Name, If any:
DaVita Inc.	
15.c. To Whom Paid	15.d. Amount 264, 863
Name Linda Broderick	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Linda Inez Consulting, LLC	Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Suite 200	
Street 460 King Street	
City Charleston	
State South Carolina ZIP Code + 4 29403	1
State South Carolina 211 Code 14 25403	<u> </u>
15.a. Employer Name:	15.b. Trade Name, If any:
Brose North America Inc.	Brose Jefferson
15.c. To Whom Paid	15.d. Amount 1,5,366
Name Linda Broderick	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Linda Inez Consulting, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
Suite 200	
Street 460 King Street	
City Charleston	
State South Carolina ZIP Code + 4 29403	1
Jan 6006 4 29403	1

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Emplóyer Name:	15.b. Trade Name, If any:
RWJ Barnabas Health	Robert Wood Johnson Univ Hospital
15.c. To Whom Paid	15.d. Amount 10, 474
Name Linda Broderick	15.e. Purpose
Title Sole Proprietor Organization Linda Inez Consulting, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Suite 200	
Street 460 King Street	
City Charleston State South Carolina ZIP Code + 4 29403	
15.a. Employer Name:	15.b. Trade Name, If any:
USSC Group, Inc.	
15.c. To Whom Paid	15.d. Amount 8,902
Name Linda Broderick	15.e. Purpose
Title Sole Proprietor Organization Linda Inez Consulting, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Suite 200	
Street 460 King Street	
City Charleston	
State South Carolina ZIP Code + 4 29403	
15.a. Employer Name: Ingersoll Rand	15.b. Trade Name, If any: Trane US, Inc.
Ingersorr kana	Trane us, inc.
15.c. To Whom Paid	15.d. Amount 69, 466
Name Linda Broderick	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Linda Inez Consulting, LLC	Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
Street 4.00 King Charact	
Street 460 King Street	
City Charleston	
State South Carolina ZIP Code + 4 29403	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Beaumont Health	Beaumont Hospital Royal Oak
15.c. To Whom Paid	15.d. Amount 2,719
Name Linda Broderick	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Linda Inez Consulting, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
	advice and expenses.
D.O. Poy Puilding and Poops Number if any	
P.O. Box, Building and Room Number, if any Suite 200	
Street 460 King Street	
City Charleston	
State South Carolina ZIP Code + 4 29403	
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 27, 341
Name Quentin Nelson	
	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Noslen & Associates, LLC	Employee Relations and Human Resource services,
	advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
State New Delsey 21r Code + 4 08012	
Control Contro	45 h Tanda Nama (Kanu)
15.a. Employer Name: Brambles Limited	15.b. Trade Name, If any: CHEP Recycled Pallet Solutions
Braillites Brillited	Char Recycled Failet Solutions
15.c: To Whom Paid	15.d. Amount 2,831
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Noslen & Associates, LLC	engaged for the purpose of Labor Relations,
	Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 561	
Street 7426 Cherry Ave	.
City Blackwood	
State New Jersey ZIP Code + 4 08012	
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Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Sugar House Casino	
15.c. To Whom Paid	15.d. Amount 5 , 760
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor Organization Noslen & Associates, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
15.a. Employer Name:	15.b. Trade Name, If any:
HP Hood, LLC	
15.c. To Whom Paid	15.d. Amount 8 , 082
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization Noslen & Associates, LLC	Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
15.a. Employer Name:	15.b. Trade Name, If any:
PRG Enterprises, Inc.	Save-A-Lot Food Store
15.c. To Whom Paid	15.d. Amount 4, 362
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Noslen & Associates, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 561	
Street	
State New Jersey ZIP Code + 4 08012	
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Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Strategic Resources Inc.	15.b: Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 11,542
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Noslen & Associates, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
15.a. Employer Name:	15.b. Trade Name, If any:
Phoebe Ministries	Wyncote Church Home, PhoebeWyncote
15.c. To Whom Paid	15.d. Amount 18,869
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Noslen & Associates, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
15.a. Employer Name:	15.b. Trade Name, If any:
Milso Industries Corporation	Matthews Aurora
15.c. To Whom Paid	15.d. Amount 3 , 111
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Noslen & Associates, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
United Site Services of Nevada Inc.	
15.c. To Whom Paid	15.d. Amount 36, 481
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Noslen & Associates, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
State New Delisey 21r Code 4 100012	
15.a. Employer Name:	15.b. Trade Name, If any:
Staples Contract & Commercial LLC	To.s. Hade Name, It any.
15.c. To Whom Paid	15.d. Amount 6,678
Name Quentin Nelson	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization Noslen & Associates, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
	advice and expenses.
P.O. Box, Building and Room Number, if any	
PO Box 561	
Street	
City Blackwood	
State New Jersey ZIP Code + 4 08012	
oute free series.	
15.a. Employer Name:	15.b. Trade Name, If any:
DaVita Inc.	
15.c. To Whom Paid	15.d. Amount 20, 90.1
Name Adriana Ortiz	15:e. Purpose
Title Managing Partner	Disbursements were made to independent consultant
Organization Solutions Labor Relations Consultants	engaged for the purpose of Labor Relations,
P.O. Box, Building and Room Number, if any	Employee Relations and Human Resource services, advice and expenses.
suite 210-106	
Street 7426 Cherry Ave	
City Fontana	
State California ZIP Code + 4 92336	
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Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 25, 442
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner Organization Solutions Labor Relations Consultants	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any suite 210-106	
Street 7426 Cherry Ave	
City Fontana	
State California ZIP Code + 4 92336	
15.a. Employer Name:	15.b. Trade Name, If any:
Cargill Meat Solutions Corporation	Five Star Custom Foods Ltd.
leargill hear bolasions corporation	
15.c. To Whom Paid	15.d. Amount 24 , 120
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner Organization Solutions Labor Relations Consultants	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
	advice and expenses.
P.O. Box, Building and Room Number, if any	
suite 210-106	
Street 7426 Cherry Ave	
City Fontana .	
State California ZIP Code + 4 92336	
15.a. Employer Name:	15.b. Trade Name, If any:
Phoebe Ministries	Wyncote Church Home, PhoebeWyncote
15.c. To Whom Paid	15.d. Amount 55, 604
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner	Disbursements were made to independent consultant
Organization Solutions Labor Relations Consultants	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
suite 210-106	
Street 7426 Cherry Ave	
City Fontana	
State California ZIP Code + 4 92336	
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Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Prizer-Painter Stove Works Inc.	
15.c. To Whom Paid	15,d. Amount 23 , 864
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner	Disbursements were made to independent consultant
Organization Solutions Labor Relations Consultants	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
	ladvice and expenses.
P.O. Box, Building and Room Number, if any suite 210-106	
Street 7426 Cherry Ave	
City Fontana	
State California ZIP Code + 4 92336	
15.a. Employer Name:	15.b. Trade Name, If any:
United Site Services of Nevada Inc.	
15.c. To Whom Paid	15.d. Amount 35, 278
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner	Disbursements were made to independent consultant
Organization Solutions Labor Relations Consultants	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
Solutions Habor Relations Consultants	advice and expenses.
P.O. Box, Building and Room Number, if any	
suite 210-106	
Street 7426 Cherry Ave	
City Fontana	
State California ZIP Code + 4 92336	
45 - Frankrica Norman	15 h Trada Nama Kamu
15.a. Employer Name: TIMCO Aerosystems LLC	15.b. Trade Name, If any: HAECO Cabin Solutions
Times herebyseems and	IMAGE CADIT BOTACTORS
15.c. To Whom Paid	15.d. Amount 16,348
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner	Disbursements were made to independent consultant
Organization Solutions Labor Relations Consultants	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
suite 210-106	
Street 7426 Cherry Ave	
City Fontana	
State California ZIP Code + 4 92336	
I	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
GF Hotels	Hartford Marriott Farmington
15.c. To Whom Paid	15.d. Amount 8 , 658
Name Carlos Ortiz	15.e. Purpose
Title Managing Partner Organization Solutions Labor Relations Consultants	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any suite 210-106	
Street 7426 Cherry Ave	
City Fontana	
State California ZIP Code + 4 92336	
15.a. Employer Name:	15.b. Trade Name, If any:
PainTech Painting & Wallcovering	
15.c. To Whom Paid	15.d. Amount 945
Name John A Negroni	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization The Tally Consultancy, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Street	
City Norwalk	
State Connecticut ZIP Code + 4 06852	
15.a. Employer Name:	15.b. Trade Name, If any:
Village Super Markets Inc.	Gourmet Garage NYC
15.c. To Whom Paid	15.d. Amount 9, 311
Name John A Negroni	15.e. Purpose
Title Sole Proprietor	Disbursements were made to independent consultant
Organization The Tally Consultancy, LLC	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 494	
Street	
City Norwalk	
State Connecticut ZIP Code + 4 06852	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedulinstructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Saint-Gobain Corporation	15.b. Trade Name, If any: Saint-Gobain Ceramics & Plastics
15.c. To Whom Paid	15.d. Amount 24 , 511
Name John A Negroni	15.e. Purpose
Title Sole Proprietor Organization The Tally Consultancy, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 494 Street City Norwalk	
State Connecticut ZIP Code + 4 06852	
· · · · · · · · · · · · · · · · · · ·	
15.a. Employer Name: GF Hotels	15.b. Trade Name, If any: Hartford Marriott Farmington
15.c. To Whom Paid	15.d. Amount 7, 110
Name John A Negroni	15.e. Purpose
Title Sole Proprietor Organization The Tally Consultancy, LLC	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any PO Box 494 Street	
City Norwalk State Connecticut ZIP Code + 4 06852	
15.a. Employer Name: First Step Staffing	15.b. Trade Name, If any: Country Fresh Produce
15.c. To Whom Paid	15.d. Amount 4, 640
Name John A Negroni	15.e. Purpose
Title Sole Proprietor Organization The Tally Consultancy, LLC P.O. Box, Building and Room Number, if any PO Box 494	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
Street City Norwalk	
State Connecticut ZIP Code + 4 06852	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane Commercial HVAC
15.c. To Whom Paid	15.d. Amount 11, 123
Name Oscar Wilmington	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Box 115 Street 2017 Lomita Boulevard	
City Lomita State California ZIP Code + 4 90717	
15.a. Employer Name:	15.b. Trade Name, If any:
Brose North America Inc.	Brose Jefferson Inc.
15.c. To Whom Paid	15.d. Amount 16,400
Name Oscar Wilmington	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Box 115	
Street 2017 Lomita Boulevard	
City Lomita	
State California ZIP Code + 4 90717	
15.a. Employer Name: Voss Industries Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 99, 710
Name Oscar Wilmington	15.e. Purpose
Title Individual	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
P.O. Box, Building and Room Number, if any	Employee Relations and Human Resource services, advice and expenses.
Box 115 Street 2017 Lomita Boulevard	
City Lomita	
State California ZIP Code + 4 90717	
,	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name:	15.b. Trade Name, If any:
Public Health Management Corporation	
15.c. To Whom Paid	15.d. Amount 60, 178
Name Oscar Wilmington	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Box 115	
Street 2017 Lomita Boulevard	
City Lomita	
State California ZIP Code + 4 90.717	
15.a. Employer Name: Sysco Hampton Roads Inc.	15.b. Trade Name, If any:
Sysco Hampton Roads Inc.	
15.c. To Whom Paid	15.d. Amount 26, 728
Name Oscar Wilmington	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any Box 115	
Street 2017 Lomita Boulevard	
City Lomita	
State California ZIP Code + 4 90717	
15.a. Employer Name:	15.b. Trade Name, If any:
USSC Group Inc:	United States Seating Co Group
15.c. To Whom Paid	15.d. Amount 8, 716
Name Oscar Wilmington	15.e. Purpose
Title Individual	Disbursements were made to independent consultant engaged for the purpose of Labor Relations,
Organization P.O. Box, Building and Room Number, if any	Employee Relations and Human Resource services, advice and expenses.
Box 115	
Street 2017 Lomita Boulevard	
City Lomita	
State California ZIP Code + 4 90717	

Name of Person Filing: Peter List	File Number C- 00322
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name:	15.b. Trade Name, If any:
Ingersoll Rand	Trane US, Inc.
15.c. To Whom Paid	15.d. Amount 25, 990
Name Oscar Wilmington	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Box 115	
Street 2017 Lomita Boulevard	
City Lomita	
State California ZIP Code + 4 90717	
15.a. Employer Name: Voss Industries Inc.	15.b. Trade Name, If any:
voss maustres me.	
15.c. To Whom Paid	15.d. Amount 74, 680
Name Luisa Perez	15.e. Purpose
Title Individual Organization	Disbursements were made to independent consultant engaged for the purpose of Labor Relations, Employee Relations and Human Resource services, advice and expenses.
P.O. Box, Building and Room Number, if any	
Suite 155, #132	
Street 1751 Pine Island Road	
City Cape Coral	
State Florida ZIP Code + 4 33909	
15.a. Employer Name: Public Health Management Corporation	15.b: Trade Name, If any:
Public Health Management Corporation	
15.c. To Whom Paid	15.d. Amount 23,044
Name Luisa Perez	15.e. Purpose
Title Individual	Disbursements were made to independent consultant
Organization	engaged for the purpose of Labor Relations, Employee Relations and Human Resource services,
P.O. Box, Building and Room Number, if any	advice and expenses.
Suite 155, #132	
Street 1751 Pine Island Road	
City Cape Coral	
State Florida ZIP Code + 4 33909	