

# 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.

706716

1. File Number: C-68687

### Person Filing

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

Name Luisa M Perez

Title

Organization

P.O. Box, Bldg., Room No., if any Ste 155, #132

Street 1751 Pine Island Road

City Cape Coral

State Florida

ZIP Code + 4 33909

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 / 18

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 James Stevens

Organization Village Supermarket, Inc.

Trade Name, if any

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

Street 733 Mountain Avenue

City Springfield

State New Jersey

ZIP Code + 4 07081

7. Date entered into:

1 / 31 / 2018

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 [Signature] President  
(If other title, see instructions)

Title Other (Specify)

Individual

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)

Title

On 7/3/2019 313-595-7570  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Filer: Luisa Perez	File Number C-
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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 \$220.50 per hour, plus actual and reasonable expenses.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Traveled to employer; met with employees and 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: February 2018	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 full-time and regular part-time porters and carriage employees employed by the employer at the following locations: 2239 Fairway Plaza, US Hw9, Old Bridge, NJ and 435 Elizabeth Avenue, Somerset, NJ.	United Food and Commercial Workers, Local 464-A