

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

For Office Use Only

RECEIVED

OCT 8 2019

OLMS DRDA

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.

7/11/29

1. File Number: C- 68688

Person Filing

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

Name Oscar Wilmington

Title

Organization

P.O. Box, Bldg., Room No., if any Box 115

Street 2017 Lomita Blvd

City Lomita

State California

ZIP Code + 4 90717

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 Joe Mirabile

Organization USSC Group, INC.

Trade Name, if any United States Seating Company Group

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

Street 101 Gordon Drive

City Exton

State Pennsylvania

ZIP Code + 4 19341

7. Date entered into:

9 / 8 / 2019

8. Name of person(s) through whom made:

Name Peter List

Name

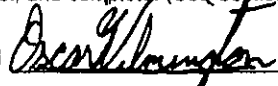
Name

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  President
(If other title, see instructions)

Title Other (Specify)

Individual

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

Title

On 7/15/2019 310-938-7016

Date

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 \$2,625 per day, 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:

Met with the employer's management personnel to present information regarding an overview of unions and union-organizing tactics, the National Labor Relations Act, as well as a primer on collective bargaining. Met with the employees of USSC Group to provide the aforementioned information, as well as to answer questions.

11.b. Period during which performed:

Various days beginning 9/8/2019

11.c. Extent performed:

Completed

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 employees employed by the employer at its Exton, PA facility.

12.b. Identify subject labor organizations:

International Association of Machinists