

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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.

560910

1. File Number: C- 00322

### Person Filing

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

Name Peter A List  
Title Founder & CEO  
Organization Kulture Consulting, LLC  
P.O. Box, Bldg., Room No., if any  
Street 759 Bloomfield Avenue, #301  
City West Caldwell  
State New Jersey ZIP Code + 4 07006

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 / 14

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

### Nature of Agreement or Arrangement

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

Name  
Organization Phillips Pet Food & Supplies  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 3747 Hecktown Road  
City Easton  
State Pennsylvania ZIP Code + 4 18045

7. Date entered into:

8 / 12 / 2014

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

Name Deb Diamond  
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 General (Specify)

Founder & CEO

President  
(If other title, see  
instructions)

14. Signed

Title Other (Specify)

Manager of Administration

Treasurer  
(If other title, see  
instructions)

On 8-28-14 973-403-9901  
Date Telephone Number

On 8/28/14 973-403-9901  
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.):

Company was employed on a per hour basis with no formal written agreement relative to duration or amount of hours to be performed. Fee schedule based on a per hour rate.

#### Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Met with employees to discuss card signing tactics.

11.b. Period during which performed:

8/14 - 9/14

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name James Hulsizer

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

Additional Name and address through whom performed, if any:

Name Quentin Nelson

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

12.a. Identify subject groups of employees:

Employees in the Distribution Center - NO  
PETITION

12.b. Identify subject labor organizations:

NO PETITION

## Specific Activities to be Performed (Continuation Page)

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Met with employees to discuss card signing tactics.

11.b. Period during which performed:

8/14 - 9/14

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John Bellis

Organization Kulture Consulting, LLC

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

Street 759 Bloomfield Avenue, #301

City West Caldwell

State New Jersey ZIP Code + 4 07006

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

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

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:

Employees in the Distribution Center - NO  
PETITION

12.b. Identify subject labor organizations:

NO PETITION