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

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.						
1. File Number: C- 00322						
Person Filing		<u> </u>				
Name and mailing address (include ZIP Code):		3. Any othe	Any other address where records necessary to verify this report are kept:			
Name Peter . A List		Name	Name			
Title Founder & CEO		Title	Title			
Organization Kulture Consulting, LLC		Organizatio	Organization			
P.O. Box, Bldg., Room No., if any P.O. Box 2877		P.O. Box, i	P.O. Box, Bldg., Room No., if any			
Street		Street	Street			
City Pawleys Island		City	City			
State South Carolina	ZIP Code + 4 29585	State		ZIP Code + 4		
4. Date fiscal year ends: 5. Type of person:						
Dec / 19 a. Individual b. Partnership c. Corporation d. Other (Specify): LLC						
	<u> </u>					
Nature of Agreement or Arrangement						
Full name and address of employer with whom made (include ZIP Code):			7. Date entered into: 11 / 25 / 2019			
Name		0.11				
Organization First Step Staffing		8. Name of	8. Name of person(s) through whom made:			
Trade Name, if any Country Fresh Produce		Name Ja	Name Jason Zerbe			
P.O. Box, Bldg., Room No., if any Suite 500		Name	Name			
Street 1952 E. Allegheny Ave			Name			
City Philadelphia			Name			
State Pennsylvania	ZIP Code + 4 19134	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	14. Signed	- Sain		Treasurer (If other title, see	
Title Other (Specify)	instructions)	Title	Other (Specify)	instructions)	
Founder & CEO			Manager of Adm	inistration		
On 12/18/2019 843	3-314-0383	On	12/18/2019	843-314-0383		
Date	Telephone Number		Date	Telephone Number		

2	·				
Filer Peter List Kulture Consulting, LLC	File Number C- 00322				
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 through Kulture Consulting, LLC \$2,500 per day, plus actual and reasonable expenses.					
•					
	•				
Specific Activities to be Performed					
	neal:				
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity:					
Traveled to employer; met with management personnel; provided information to management and employees 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:	11.c. Extent performed:				
Various dates beginning 11/25/2019	Completed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name John A Negroni	Name				
Organization The Tally Consultancy, LLC	Organization				
P.O. Box, Bldg., Room No., if any PO Box 494	P.O. Box, Bldg., Room No., if any				
Street	Street				
City Norwalk	City				
State Connecticut ZIP Code + 4 06852	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Employees employed by the employer at its 2600 Richmond Rd, Hatfield, PA 19440 facility.	UNITED CONSTRUCTION TRADES AND INDUSTRIAL LOCAL UNION 621				
PETITION WITHDRAWN	PETITION WITHDRAWN				