U.S. Department of Labor Office of Labor-Management Standards

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

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

Washington, DC 20210 RECEIVED For Official Use Only

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.

Person Filing  2. Name and mailing address (include ZIP Code):  Name Rian  Wathen  Title  Title	to verify this report are kept:	
Name and mailing address (include ZIP Code):     Name Rian Wathen     Name	to verify this report are kept:	
Name and mailing address (include ZIP Code):     Name Rian Wathen     Name	to verify this report are kept:	
Name Rian Wathen Name	to verify this report are kept.	
Title		
Organization Independent Center for Worker Education Organization		
P.O. Box, Bldg., Room No., if any #201		
Street 8206 Rockville Road Street		
City Indianapolis City		
State Indiana ZiP Code + 4 46214 State ZiF	Code + 4	
4. Date fiscal year ends: 5. Type of person:		
Dec / 18 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):  7. Date entered into:  11 / 12	7. Date entered into: 11 / 12 / 2018	
Name David Keefe	8. Name of person(s) through whom made:	
Organization Marathon Cheese Corporation		
Trade Name, if any Name Peter List		
P.O. Box, Bldg., Room No., if any PO Box 185		
Street 304 East Street Name		
City Marathon Name		
State Wisconsin ZIP Code + 4 54448 Name		
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submit the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the understrue, correct, and complete. (See Section VII on penalties in the instructions.)	itted in this report (including signed's knowledge and belief,	
13. Signed President 14. Signed (If other title, see	Treasurer (If other title, see	
Title President instructions)  Title Title	instructions)	
On 7/5/2019 317-850-0990 On		
Date Telephone Number Date Teleph	none Number	

Filer: Rian Wathen Independent Center for Worker Education	File Number C-	
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		
b. I lo 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; \$262.50 per hour, ple expenses.	us actual and reasonable	

## Specific Activities to be Performed

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

Traveled to employer; met with employees; provided information to 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 11/12/18	Ongoing	
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 regularly scheduled part-time production, maintenance, shipping, receiving and warehouse employees employed by the employer at its Mountain Home, ID location.	United Food and Commecial Workers Local 368	

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