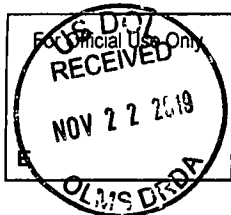


FORM LM-20

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

7/2062

1 File Number C- 68695

Person Filing

2 Name and mailing address (include ZIP Code)

Name Linda Broderick

Title

Organization Linda Inez Consulting, LLC

P O Box, Bldg, Room No, if any Suite 200

Street 460 King Street

City Charleston

State South Carolina ZIP Code + 4 29403

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) Single Member LLC

Nature of Agreement or Arrangement

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

Name Natalie Joyce

Organization Ingersoll Rand

Trade Name, if any TRANE U S, Inc

P O Box, Bldg, Room No, if any

Street 800 East Beaty Street

City Davidson

State North Carolina ZIP Code + 4 28036

7 Date entered into

10 / 21 / 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 Linda Broderick

President
(If other title, see
instructions)

Title Sole Proprietor

14 Signed

Treasurer
(If other title, see
instructions)

Title

On 11/18/2019 860-559-8368

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

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

Various dates beginning 10/21/2019

11 c Extent performed

Ongoing

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

Included All full-time Inventory Control employees, Maintenance II employees, Materials Clerks, Quality Inspectors, Quality Technicians, Team Leader 1 employees, and Truck Drivers employed by the Employer at its Memphis, Tennessee facility

Excluded All Temporary employees, Office Clerical employees, Assistant Material Planners, Professionals and Supervisors as defined by the Act

12 b Identify subject labor organizations

United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers Union AFL-CIO