

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019



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.

629320

1. File Number: C- 00469

Person Filing

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

Name Peter R Kraft
Title Solo Practitioner
Organization law office
P.O. Box, Bldg., Room No., if any
Street 10 Moulton St.
City Portland
State Maine ZIP Code + 4 04101

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 / 31

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
Organization UniFirst Corporation
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 68 Jonspin Rd.
City Wilmington
State Massachusetts ZIP Code + 4 01887

7. Date entered into:

/ /

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

Name Michael A Croatti
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 [Signature] President
(If other title, see instructions)
Title President

14. Signed [Signature] Treasurer
(If other title, see instructions)
Title Treasurer

On 11/7/2016 207-807-3836
Date Telephone Number

On 11/7/2016 207-807-3836
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.):

Verbal agreement to help the Employer's management interact with employees in a legally compliant manner, charging an hourly fee for such services, discussing the employees' Section 7 rights to either have or refrain from having union representation for purposes of collective bargaining, at four of the Employer's facilities located in Springfield, MO. (11/5/15), Owensboro, KY, (1/27/16 & 3/23/16), New Kensington, PA, (4/10/16 & 4/23/16), and Ontario, CA. (%/3/16)

Specific Activities to be Performed

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

a. Nature of activity:

In all instances referred to in #10 above the activities were identical. Held large and small group meetings with non-supervisory employees, helping management explain to employees the employees' Section 7(a) rights to have and /or refrain from having union representation.

11.b. Period during which performed:

11/5/15 to 5/3/16

11.c. Extent performed:

6 days total at the four locations

11.d. Name and address through whom performed:

Name Peter R Kraft

Organization

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

Street 10 Moulton St.

City Portland

State Maine

ZIP Code + 4 04101

Additional Name and address through whom performed, if any:

Name n/a

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

a) Springfield, MO- driving and delivery personnel
b) Owensboro, KY- Production and Distribution employees
c) New Kensington, PA- all non-supervisory, non-clerical/non-office personnel (delivery, production, maintenance, mechanical, distribution)
d) Ontario, CA

12.b. Identify subject labor organizations:

a) Teamsters
b) United Food & Commercial Workers Union
c) United Steelworkers Union
d) Teamsters