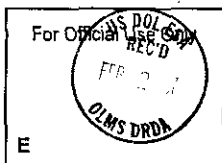


FORM LM-20

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.

1. File Number: C- 363

328934

Person Filing

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

Name William P. Wheeler
Title Labor Relations Consultant
Organization

P.O. Box, Bldg., Room No., if any Suite 1509

Street 1620 East Broad Street

City Columbus

State Ohio

ZIP Code + 4 43203

3. Any other address where records necessary to verify this report are kept:

Name William P. Wheeler
Title Labor Relations Consultant

Organization Midwest Management Consultants, Inc.

P.O. Box, Bldg., Room No., if any Suite 620

Street 425 Metro Place North

City Dublin

State Ohio

ZIP Code + 4 43017

4. Date fiscal year ends:

12 / 06

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 Jeffrey S. Bundy, Vice President
(Operations)

Organization Eby-Brown

Trade Name, if any Eby-Brown

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

Street 1982 Commerce Road

City Springfield

State Ohio

ZIP Code + 4 45504

7. Date entered into:

11 / 09 / 06

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

Name Jeffrey S. Bundy

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

President
(If other title, see
instructions)

Title President

14. Signed

Treasurer
(If other title, see
instructions)

Title Treasurer

On 12/05/06

Date

614-252-2524

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.):

Verbal agreement to represent client in campaign against becoming a union shop. Agreement is for no specific time, has never been reduced to writing and may be terminated by either party at any time. All consultations billed at \$165.00 per hours, including travel time and all expenses incurred from Columbus, Ohio round-trip to Springfield, Ohio.

Specific Activities to be Performed

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

a. Nature of activity:

Giving speeches, preparing written materials for distribution, and conducting meetings with both management & employees for purposes of answering questions concerning management & employees' rights under the NLRA during union organizational campaign.

11.b. Period during which performed:
November 9, 2006 to present

11.c. Extent performed:
continuing

11.d. Name and address through whom performed:
Name Jeffrey S. Bundy, Vice President of Ops.
Organization Eby-Brown
P.O. Box, Bldg., Room No., if any
Street 1982 Commerce Road
City Springfield
State Ohio ZIP Code + 4 45504

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:

Full-time and regular part-time hourly employees in the commissary and warehouse departments, excluding truck drivers and supervisors.

12.b. Identify subject labor organizations:

Teamsters Union Local No. 957