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

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

Form approved Office of Management and Budget No. 1215-0188 Expires 12-31-2010



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 CAREFUL	LY BEFORE PREPARING THIS REPORT. ROUNSED				
U37100	TRUIDE ONE PREPARING THIS REPORT.				
1. File Number: C- /00464					
Person Filing					
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:				
Name Marta De los Rios	Name				
Title Office Manager	Title				
Organization Labor Information Services	Organization				
P.O. Box, Bldg., Room No., if any po Box 6063	P.O. Box, Bldg., Room No., if any				
Street	Street				
City Malibu	City				
State California ZIP Code + 4 90265	State ZIP Code + 4				
4. Date fiscal year ends: 5. Type of person:					
Dec / 8 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 / 9 / 2008				
Name Al Colangelo	,				
Organization The Chef's Warehouse Holdings, LLC	8. Name of person(s) through whom made:				
Trade Name, if any	Name Al Colangelo				
P.O. Box, Bldg., Room No., if any	Name				
Street 100 East Ridge Road	Name				
City Ridgefield	Name				
State Connecticut ZIP Code + 4 06877	Name				
Signat	ures				
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.)					

				TVallic			
			Signa	tures			
the informa	ation contained in any ct, and complete. (Se	es, under penalty of perjuny y accompanying documents e Section VII on penalties	s) has been examined	penalties of laby the signated 14. Signed	ony and is, to the beautiful of the infectory and is, to the beautiful of the control of the infectory and is, to the beautiful of the infectory and is to the infectory and is, is to the infectory and infectory and is to the infectory and inf	ormation submitted in this rest of the undersigned's know	eport (including wledge and belief, Treasurer (If other title, see instructions)
					Office Manage	er	•
On	06/15/2010	310-589-5225		On	06/15/2010	310-589-5225	
	Date	Telephone Number	r		Date	Telephone Number	
- 111 00 //	2000)				*****		
Form LM-20 (2	2003)						

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iler.	Marta De los Rios	Labor Information Services	File Number C-	00464

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.):

Starting 11/9/2008 until the assignment ends (no date has been determined), our firm will be conducting meetings with employees in the voting bargaining unit to discuss the realities of signing authorization cards and voting in the upcoming election. There is no maximum number of hours allocated to this work assignment. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

Specific Activities to be Performed

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

To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.b. Period during which performed:	11.c. Extent performed:
11/9/08 until end of assignment	On-going .
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Cesar Lopez	Name Michael Roan
Organization Labor Information Services, Inc.	Organization Labor Information Services, Inc.
P.O. Box, Bldg., Room No., if any PO Box 6063	P.O. Box, Bldg., Room No., if any PO Box 6063
Street	Street
City Malibu	City Malibu
State California ZIP Code + 4 90264	State California ZIP Code + 4 90264
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All voting employees in the bargaining unit.	·

Specific Activities to be Performed (Continuation Page)

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

To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.b. Period during which pe		11.c. Extent performed:	
11/9/08 until	end of assignment	On-going	
11.d. Name and address the	rough whom performed:	Additional Name and add	dress through whom performed, if any:
Name Jason	Rodrigues	Name	
Organization Labor Inf	ormation Services	Organization	
P.O. Box, Bldg., Room No.,	if any PO Box 6063	P.O. Box, Bldg., Room N	lo., if any
Street		Street	
City Malibu		City	
State California	ZIP Code + 4 90264	State	ZIP Code + 4
Additional Name and address	s through whom performed, if any:	Additional Name and add	lress through whom performed, if any:
Name		Name	
Organization		Organization	
P.O. Box, Bldg., Room No., if	any	P.O. Box, Bldg., Room N	o., if any
Street		Street	
City		City	
State	ZIP Code + 4	State	ZIP Code + 4
12.a. Identify subject groups of	of employees:	12.b. Identify subject labor	or organizations:
All voting employe	es in the bargaining unit.		



CREDIT MEMO

DATE	CREDIT M
4/15/09	20010893

The Chef's Warehouse Holdings, LLC Al Colangelo, CFO 100 East Ridge road Ridgefield, CT 06877

WORK PERFORMED AT: The Chef's Warehouse/Dairyland New York, NY

P.O. NO. PROJECT LEADER ACCOUNT #

JR/BM 1547

DATE ITEM **HOURS** RATE DESCRIPTION **AMOUNT** CREDIT AGAINST INVOICE #20010885 and #20010888 Lopez C. - \$205 3,300.50 -3.300.50 Roan M. - \$205 1.230.00 -1,230.00 Rodriguez J - \$225 3,735.00 -3,735.00 Subtotal Labor -8,265.50 Administration fee 1% Administrative Fee 82.65 -82.65 Lopez, C. Meals 90.00 -90.00 Lopez, C. Local Transportation 13.32 -13.32 Lopez, C. Lodging 337.63 -337.63 Telephone Lopez, C. 13.20 -13.20 Lopez, C. Airfare 67.90 -67.90 Support Supplies Lopez, C. 1.60 -1.60 Meals Roan, M. 41.40 -41.40 Local Transportation Roan, M. 18.99 -18.99 Lodaina Roan, M. 128.14 -128.14 Telephone Roan, M. 5.40 -5.40 Airfare Roan, M. 97.40 -97.40 Roan, M. Car Rental 88.31 -88.31 Rodriguez, J. Meals 88.20 -88.20 Car Rental Rodriguez, J. 133.20 -133.20 Local Transportation Rodriguez, J. 67.36 -67.36

CREDIT AMOUNT

For assistance, call: 1-800-721-4547



Labor Information Services P. O. Box 6063 Malibu, CA 90264

CREDIT MEMO

DATE	CREDIT M
4/15/09	20010893

The Chef's Warehouse Holdings, LLC Al Colangelo, CFO 100 East Ridge road Ridgefield, CT 06877

WORK PERFORMED AT: The Chef's Warehouse/Dairyland

New York, NY

P.O. NO. **PROJECT LEADER ACCOUNT#**

JR/BM

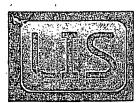
1547

DATE	ITEM	HOURS	DESCRIPTION	RATE	AMOUNT
	Lodging Telephone Airfare Support Supplies		Rodriguez, J. Rodriguez, J. Rodriguez, J. Rodriguez, J.	380.34 13.20 64.35 1.65	-13.20 -64.35
			Subtotal Expenses		-1,734.24
			,		

CREDIT AMOUNT

\$-9,999.74

For assistance, call: 1-800-721-4547



Labor Information Services, Inc. P.O. Box 6063 Malibu, CA 90264



DATE

INVOICE #

12/31/08

20010888

Sheppard Mullin Jonathan Stoler, Attorney 30 Rockefeller Plaza 24th Street New York, NY 10112

WORK PERFORMED AT:

The Chef's Warehouse/Dairyland

New York, NY

	P.O. N	Ю.	TERMS	PROJECT LEADER	ACCOUNT #
			Due on receipt	, JR/BM	1547
DATE	ITEM	HOURS	DES	SCRIPTION	AMOUNT
, , , , , , , , , , , , , , , , , , ,			DECEMBER THI	RD PARTY LABOR	
12/1/08 12/2/08 12/3/08	Rodriguez, J \$225 Rodriguez, J \$225 Rodriguez, J \$225	12 7 13	Subtotal Labor		2,700.00 1,575.00 2,925.00 7,200.00
12/1/08 12/2/08 12/3/08	Lopez C \$205 Lopez C \$205 Lopez C \$205	12 7 13	Subtotal Labor		2,460.00 1,435.00 2,665.00 6,560.00
12/1/08 12/2/08 12/3/08	Roan M \$205 Roan M \$205 Roan M \$205	10 9 8	Subtotal Labor		2,050.00 1,845.00 1,640.00 5,535.00
			Subtotal of All La	bor	19,295.00
	Administration fee		1% Administrativ	e Fee	192.95
			DECEMBER EXP	PENSES	
or assistai	Meals nce, call: 1-800-721-454	7	Rodriguez, J.	Total	106.00

TAX ID #95-4397301





Labor Information Services, Inc. P.O. Box 6063 Malibu, CA 90264



DATE

NVOICE #

12/31/08

20010888

Sheppard Mullin Jonathan Stoler, Attorney 30 Rockefeller Plaza 24th Street New York, NY 10112

WORK PERFORMED AT:

The Chef's Warehouse/Dairyland

New York, NY

	P.O. N	10 .	TERMS	PROJECT LEADER	ACCOUNT #
			Due on receipt	JR/BM	1547
DATE	ITEM	HOURS	DES	SCRIPTION	AMOUNT
Car	Rental		Rodriguez, J.		42.48
Loc	al Transportation		Rodriguez, J.		146.01
Lod	lging		Rodriguez, J.		427.14
Tele	ephone		Rodriguez, J.		18.00
Airf	are		Rodriguez, J.		199.50
			Subtotal Expense	es	939.13
Mea	als		Lopez, C.		124.00
Loc	al Transportation		Lopez, C.		36.42
	lging .		Lopez, C.		427.14
	ephone		Lopez, C.		18.00
Airf	are		Lopez, C.		182.00
			Subtotal Expense	es	` 787.56
Mea	als		Roan, M.		138.00
Car	Rental		Roan, M.		883.10
Loc	al Transportation		Roan, M.		64.72
	ging		Roan, M.		427.14
	ephone		Roan, M.		18.00
Airf	·		Roan, M.	•	50.00
			Subtotal Expense	es	1,580.96

For assistance, call: 1-800-721-4547 TAX ID #95-4397301

Total

\$22,795.60