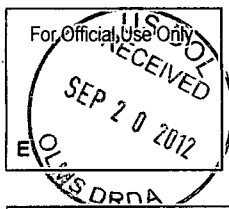


# FORM LM-20

## 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.

504418

1. File Number: C- 00742

### Person Filing

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

Name William D. Leopardi

Title Sole Proprietor

Organization Leopardi Labor Solutions

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

Street 28161 Haria

City Mission Viejo

State California

ZIP Code + 4 92692

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 Tom Campanile

Organization The Essential Baking Company

Trade Name, if any

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

Street 5601 1st Ave. South

City Seattle

State Washington

ZIP Code + 4 98108

7. Date entered into:

8 / 21 / 2012

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

Name

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

*W. D. Leopardi*  
President  
Sole Proprietor

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer

Treasurer  
(If other title, see  
instructions)

On 9/13/2012

Date

949-457-8087

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.):

Paid hourly. Reasonable and customary travel expenses reimbursed.

**Specific Activities to be Performed**

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

a. Nature of activity:

Meet with employees to explain their rights under the NLRA prior to NLRB election. Provide information and answer questions about collective bargaining.

11.b. Period during which performed:

August 21 to September 11, 2012

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Self

Organization

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

Street

City

State

ZIP Code + 4

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:

Delivery drivers, route captains and expeditors

12.b. Identify subject labor organizations:

Teamsters Local 117