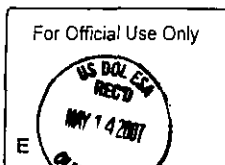


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 85-257, 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

326788

### Person Filing

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

Name William P. Wheeler

Title Labor Relations Consultant

Organization Park Towers

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 / 07

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 Food Works, Inc.

Organization

Trade Name, if any

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

Street 7860 Olentangy River Road

City Columbus

State Ohio

ZIP Code + 4 43235

7. Date entered into:

04 / 17 / 07

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

Name Mark Agner

Name Jim Stiffler

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

Treasurer  
(If other title, see  
instructions)

On 05/08/07

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 Food Works at their Hudson Street Market location in a decertification campaign. Agreement is for no specific time, has never been reduced to writing and may be terminated by either party at any time. All consultations are billed at \$175.00 per hour including all travel and expenses incurred.

#### 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 all employees and management for purposes of answering questions concerning rights afforded under the NLRA during a decertification campaign.

Also giving speeches at Food Works markets in Worthington Hills, Marengo and Fredericktown, Ohio. Speeches outlined employees' rights under the NLRA when it comes to union avoidance and/or signing union authorization cards.

11.b. Period during which performed:

April 17, 2007 to present

11.c. Extent performed:

continuing

11.d. Name and address through whom performed:

Name Mark Agner, President

Organization Food Works, Inc.

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

Street 7860 Olentangy River Road

City Columbus

State Ohio ZIP Code + 4 43235

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:

All employees at the Hudson Street Market location of Food Works, excluding the store manager.

12.b. Identify subject labor organizations:

United Food & Commercial Workers Union  
Local 1059