

# 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.

537739

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 n/a

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): Subchapter S Corp.

### Nature of Agreement or Arrangement

#### 6. Full name and address of employer with whom made (include ZIP Code):

Name UniFirst Corporation

Organization

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:

4 / 16 / 2013

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

Name Ronald D 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

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 04/16/2013 207-761-2500 Ext 2  
Date Telephone Number

On 04/16/2013 207-761-2500 Ext 2  
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 during a nine week period extending from 4/16/13 through 6/13/13, charging the employer an hourly fee for such services.

#### Specific Activities to be Performed

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

a. Nature of activity:

Help management explain to employees their Section 7(a) rights to either join and maintain their union membership - representation, or choose to refrain from doing so. Held one or more meetings with employees, both mandatory and voluntary, to discuss more specifically employees' Section 7(a) rights.

11.b. Period during which performed:

4/16/13 to 6/13/13

11.c. Extent performed:

attended 6 rounds of meetings

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:

Non-supervisory Production, Maintenance, Mechanical Maintenance, Shipping, and Delivery Personnel at the Employer's 1150 Second Avenue, New Kensington, PA. location.

12.b. Identify subject labor organizations:

United Steelworkers Union (United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial Service Workers International Union, Local Union 1324-15).