



Office of Labor-Management Standards  
Washington, D.C. 20210  
(Feb. 1990)

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)

Form Approved—OMB  
No. 1214-0001  
Expires: 02/29/93

## A.— PERSON FILING

## 1. NAME AND ADDRESS (include ZIP code)

Kraft & Bates  
10 Moulton Street  
Portland, ME 04101

## 2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:

N/A

## 3. FILE NO.

C-

469

## 4. PERIOD COVERED BY THIS REPORT

Month	Day	Year
1	1	01
12	31	01

## B.— STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

## 5. NAME AND ADDRESS OF EMPLOYER (include ZIP code)

UniFirst Corporation, 68 Jonspin Rd., Wilmington  
MA 01887

## 6. TERMINATION DATE

8/6/01

## 7. AMOUNT

\$ 85,286.86

Hudson RPM Distributors LLC, PO Box 6970,  
Scarborough, ME 04070-6970

10/31/01

46,646.13

TOTAL

\$ 131,932.99

## C.— STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B..

## 8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Peter R. Kraft	\$64974.	\$ 252.70	\$65226.70
Daniel W. Bates	52806.	179.34	52985.34
Mari S. White	1275.	-0-	1275.00

## 9. Office and Administrative

## Expenses

\$ -0-

## 10. Publicity

-0-

## 11. Fees for Professional Services

-0-

## 12. Loans Made

-0-

## 13. Other Disbursements

-0-

## 14. Total Disbursements

-0-

Total Disbursements to officers and employees:

\$119,487.04

(Sum of items 8-13)

\$119,487.04

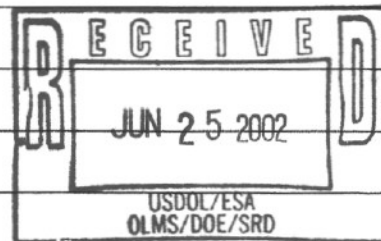
## D.— SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

## 15. EMPLOYER 16. TO WHOM PAID 17. AMOUNT 18. PURPOSE

N/A

\$

TOTAL \$



## IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

E.— VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED:

at: Portland ME

on: 3/26/02

(If other title, cross out and write in correct title above.)

SIGNED:

at: \_\_\_\_\_

on: \_\_\_\_\_

(If other title, cross out and write in correct title above.)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5625, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.