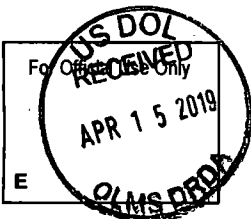


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

702 399

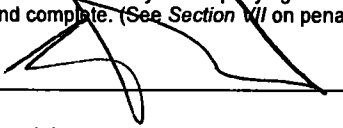
1. File Number: C- 00214

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Peter Bennett	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization The Bennett Law Firm, P.A.	Title
P.O. Box, Bldg., Room No., if any Suite 201	Organization
Street 75 Market Street	P.O. Box, Bldg., Room No., if any
City Portland	Street
State Maine ZIP Code + 4 04101-5031	City
	State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	7. Date entered into: 3 / 21 / 2019
Organization Dead River Company	8. Name of person(s) through whom made:
Trade Name, if any	Name Dan Carrigan
P.O. Box, Bldg., Room No., if any Suite 400	Name
Street 82 Running Hill Road	Name
City South Portland	Name
State Maine ZIP Code + 4 04106-3218	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 04/11/2019 (207) 773-4775  
Date Telephone Number

On 04/11/2019 (207) 773-4775  
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.):

There are no terms and conditions. We will bill the clients for all services and disbursements on a monthly basis.

## Specific Activities to be Performed

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

## a. Nature of activity:

We are representing management at employee meetings with the objective of educating subject group of employees at Dead River Company in Bucksport, Maine on their rights and obligations under the National Labor Relations Act.

## 11.b. Period during which performed:

03/25/2019 through 03/27/2019

## 11.c. Extent performed:

Complete

## 11.d. Name and address through whom performed:

Name Frederick Finberg

Organization The Bennett Law Firm, P.A.

P.O. Box, Bldg., Room No., if any Suite 201

Street 75 Market Street

City Portland

State Maine

ZIP Code + 4 04101-5031

## 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:

Drivers

## 12.b. Identify subject labor organizations:

Teamsters Local 340