U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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.

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WS DRO					
1. File Number: C- 00214					
Person Filing					
2. Name and mailing address (include Z	IP Code):	3. Any other address where records necessary to verify this report are kept:			
Name Peter	Bennett	Name			
Title President	Programme Control	Title			
Organization The Bennett Law	Firm, P.A.	Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
Street 121 Middle Street, Su	ite 300	Street			
City Portland		City			
State Maine	ZIP Code + 4 - 04101-7109	State ZIP Code + 4			
4. Date fiscal year ends:	5. Type of person:				
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):			
	0.11 ()				
Nature of Agreement or Arrangemen	t				
6. Full name and address of employer w	rith whom made (include ZIP Code):	7. Date entered into:			
Name 1 100 F 1000 by a life of the property of					
	ng Co. of Northern N.E.	8. Name of person(s) through whom made:			
Trade Name, if any		'Name Mike Elmer			
P.O. Box, Bldg., Room No., if any		Name			
Street 1 Executive Park Drive, Suite 330		Name			
City Bedford		Name			
State Newl'Hampshire	ZIP Code + 4 03110-6913	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	President (If other title, see instructions)	Treasurer (If other title, see instructions)			
Title 1200140110	the man in the said	Title His purity teach			
On 02/01/2018(207) 773-4775 On 02/01/2018 (207) 773-4775					
Date	Telephone Number	Date Telephone Number			

	Filer:	Peter Bennett	The Bennett Law Firm,	, P.A.	File Number C-	00214
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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 represented management at employee meetings with the objective of persuading subject group of employees at Coca-Cola Bottling Company of Northern New England in Rochester, New York to remain union-free.

11.b. Period during which performed:	11.c. Extent performed: Complete Additional Name and address through whom performed, if any:			
01/22/2018 through 01/24/2018				
11.d. Name and address through whom performed:				
Name Peter Bennett	Name Frederick B Finberg			
Organization The Bennett Law Firm, P.A.	Organization The Bennett Law Firm, P.A.			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any Street 121 Middle Street, Suite 300			
Street 121 Middle Street, Suite 300				
City Portland	City Portland			
State Maine ZIP Code + 4 04101-7109	State Maine ZIP Code + 4 04101-7109			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Drivers Warehouse Employees Merchandisers	Teamsters Local 118			

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