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.				
1. File Number: C- 00214				
Person Filing				
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name Peter Bennett	Name			
Title President	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, Suite 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):			
Nature of Agreement or Arrangement				
6. Full name and address of employer with whom made (include ZIP Code): Name 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9				
Organization Frannie Peabody Center	8. Name of person(s) through whom made:			
Trage Name, if any	Name Donna Galluzzo			
P.O. Box, Bldg., Room No., if any Suite 311	Name			
Street 30 Danforth Street	Name			
City Portland Control	Name			
State Maine ZIP Code + 4 04101-4574	Name			
Signatures of the second of th				
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	14. Signed Treasurer (If other title, see			
Title President instructions)	Title Treasurer instructions)			
On 07/26/2017 (207) 773-4775	On 07/26/2017 (207) 773-4775			
Doto Tolophone Number	Data Telephone Number			

	-			
Filer	Peter Bennett	The Bennett Law Firm, P.A.	File Number C-	0

File Number C- 00214

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	· '			
There are no terms and conditions. We will bill the monthly basis.	ne clients for all services and disbursements on a			
Specific Activities to be Performed .				
11. For each activity, separately list in detail the information required (See instruct	ions):			
a. Nature of activity: We represented management at employee meetings with the objective of educating employees at Frannie Peabody Center on their rights and obligations under the National Labor Relations Act.				
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11.b. Period during which performed: July 17, 2018 - July 18, 2018	11.c. Extent performed: Complete			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
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:			
Unknown	Unknown			