



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

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).

File No. C. 214

A. Person Filing

1. Name and mailing address (include ZIP code): The Bennett Law Firm, P.A. P.O. Box 7799 Portland, ME 04112-7799		2. Any other address where records necessary to verify this report are kept: 121 Middle Street, Suite 300 Portland, ME 04101	
3. Date fiscal year ends: 12/31	4. 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):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): County Ambulance, Inc. P.O. Box 724 Ellsworth, ME 04605		6. Date entered into: October 1, 2002	
		7. Names of persons through whom made: John Partridge	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.			

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

There are no terms or conditions. We will bill the client for all services and disbursements monthly.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):	
a. Nature of activity: We may represent management at employee meetings. We may speak at these meetings. We may review and prepare campaign literature.	
b. Period during which performed: October 1, 2002 and continuing	c. Extent performed: We may attend employee meetings. We may speak at these meetings.
d. Names and addresses of persons through whom performed: Peter Bennett 121 Middle Street, Suite 300 Portland, ME 04101	

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- a) All full time, regular part time and per diem drivers, EMTs, EMT intermediates, and EMT paramedics
b) IAEP, NAGE, SEIU, AFL-CIO

D. 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: President			Signed: Treasurer		
(If other title, cross out and write in correct title above.)			(If other title, cross out and write in correct title above.)		
City at: Portland	State ME	Date on: 10/07/02	City at: Portland	State ME	Date on: 10/07/02



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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).

File No. C. 0214

A. Person Filing

1. Name and mailing address (include ZIP code):

The Bennett Law Firm, P.A.
P.O. Box 7799
Portland, ME 04112-7799

2. Any other address where records necessary to verify this report are kept:

121 Middle Street, Suite 300
Portland, ME 04101

3. Date fiscal year ends:

12/31

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

Northcenter Foodservice Corporation
Dalton Road
Augusta, ME 04330

6. Date entered into:

August 6, 2002

7. Names of persons through whom made:

Greg Piper, President

8. 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.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

There are no terms or conditions. We will bill the client for all services and disbursements monthly.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: We will represent management at employee meetings. We will speak at these meetings. We may review and prepare campaign literature.

b. Period during which performed:

August 6, 2002 and continuing

c. Extent performed:

We will attend employee meetings. We will speak at these meetings.

d. Names and addresses of persons through whom performed:

Peter Bennett
121 Middle Street, Suite 300
Portland, Maine 04101

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

a) Warehouse employees and drivers

b) United Food and Commercial Workers Union

D. 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:

President

Signed:

Treasurer

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

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

City
at: Portland

State
Maine

Date
on: 08/06/02

City
at: Portland

State
Maine

Date
on: 08/06/02

Agreement and Activities Report

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards



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File No. C. 0214

A. Person Filing

1. Name and mailing address (include ZIP code): The Bennett Law Firm, P.A. P. O. Box 7799 Portland, ME 04112-7799	2. Any other address where records necessary to verify this report are kept: 121 Middle Street, Suite 300 Portland, ME 04101
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3. Date fiscal year ends:

12/31

4. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

Lepage Bakeries, Inc.

P. O. Box 1900

Auburn, ME 04211-1900

6. Date entered into:

April 2, 2002

7. Names of persons through whom made:

Andrew Barowsky

8. 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.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

There are no terms or conditions. We will bill the client for all services and disbursements monthly.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity: We may represent management at employee meetings. We may speak at these meetings. We may review and prepare campaign literature.

b. Period during which performed:

April 2, 2002 and continuing

c. Extent performed:

We may attend employee meetings. We may speak at these meetings.

d. Names and addresses of persons through whom performed:

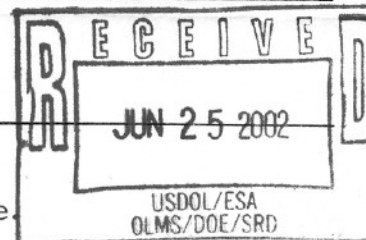
Peter Bennett

121 Middle Street, Suite 300

Portland, ME 04101

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

- a) Sales associates and thrift store clerks.
- b) Chauffeurs Teamsters and Helpers Local Union 633 of New Hampshire.



D. 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:			Signed:		
President			Treasurer		
(If other title, cross out and write in correct title above.)			(If other title, cross out and write in correct title above.)		
City	State	Date	City	State	Date
at: Portland	ME	on: 4/9/02	at: Portland	ME	on: 4/9/02



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3. Date fiscal year ends: 12/31/2002	4. 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):

B. Nature of Agreement or Arrangement

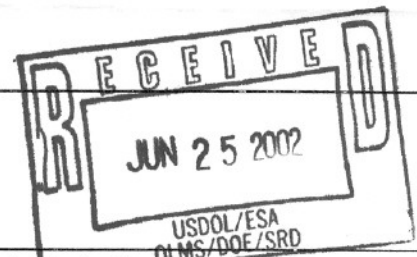
5. Full name and address of employer with whom made (include ZIP code): Federal Distributors P. O. Box 2007 Lewiston, ME 04241-2007	6. Date entered into: March 28, 2002
7. Names of persons through whom made: Paul Spellman	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.	

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

There are no terms or conditions. We will bill the client for all services and disbursements monthly.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):	
a. Nature of activity: We may represent management at employee meetings. We may speak at these meetings. We may review and prepare campaign literature.	
b. Period during which performed: To be determined	c. Extent performed: We may attend employee meetings. We may speak at these meetings.
d. Names and addresses of persons through whom performed: Peter Bennett 121 Middle Street, Suite 300 Portland, ME 04101	
11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: a) All employees b) To be determined	



D. 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: (If other title, cross out and write in correct title above.) City State Date at: Portland ME on: 4/9/02	Signed: (If other title, cross out and write in correct title above.) City State Date at: Portland ME on: 4/9/02
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