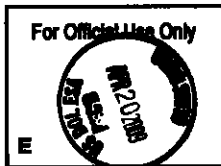


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011



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

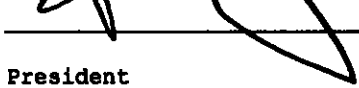
393764


Person Filing	
2. 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 7799	P.O. Box, Bldg., Room No., if any Suite 300
Street	Street 121 Middle Street
City Portland	City Portland
State Maine ZIP Code + 4 04112-7799	State Maine ZIP Code + 4 04101
4. Date fiscal year ends:	5. Type of person:
Dec / 31	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):	7. Date entered into:
Name	4 / 15 / 2009
Organization University of New England	8. Name of person(s) through whom made:
Trade Name, if any	Name Seth Allcorn
P.O. Box, Bldg., Room No., if any	Name
Street 11 Hills Beach Road	Name
City Biddeford	Name
State Maine ZIP Code + 4 04005-9525	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 Other (Specify)  
Vice-President  
Treasurer (If other title, see instructions)

On 04/16/2009 (207) 773-4775  
Date Telephone Number

On 04/16/2009 (207) 773-4775  
Date Telephone Number

Filer: Peter Bennett      The Bennett Law Firm, P.A.	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 must be attached.):

There are no terms and conditions. We will bill the client 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, and may review and prepare campaign literature with the objective of persuading subject group of employees at the Univeristy of New England to vote "no" on any representative election. We may represent management at future employee meetings.

11.b. Period during which performed:

April 16, 2009 through present

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Peter Bennett

Organization The Bennett Law Firm, P.A.

P.O. Box, Bldg., Room No., if any P.O. Box 7799

Street

City Portland

State Maine

ZIP Code + 4 04112-7799

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:

Housekeepers

12.b. Identify subject labor organizations:

Possibly Teamsters Local 340