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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1. File Number:	,
	
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:	
ا الله الله الله الله الله الله الله ال	c. Corporation d. Other (Specify):
s in the state of	
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7: Date entered into
Name 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 1. 30. 2018	
Organization Amoskeag Beverages, LLC	- 8. Name of person(s) through whom made:
Trade Name, if any	Name Joel Moran
P.O. Box, Bldg., Room No., if any P.O. Box 1148	Name
Street	Name
City Concord	Name
State New Hampshire ZIP Code + 4 03302-1148	Name
Signa	itures
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	14. Signed Treasurer
(If other title, see instructions)	Title Treasurer (If other title, see instructions)
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(a,b) . The second (a,b) is (a,b) . The second (a,b) is (a,b) . The second (a,b) is (a,b) .	The state of the s
On 02/26/2018 (207) 773-4775	On 02/26/2018 (207) 773-4775
Date Telephone Number	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.		
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 Amoskeag Beverages, LLC in the Bow, New Hampshire facility to remain union-free.		
11.b. Period during which performed:	11.c. Extent performed:	
January 30, 2018 - February 5, 2018	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:	
Drivers Drivers' Helpers Warehouse Employees	Unknown	
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