

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.

713881

1. File Number: C- 00214

Person Filing

2. Name and mailing address (include ZIP Code):

Name Peter Bennett

Title President

Organization The Bennett Law Firm, P.A.

P.O. Box, Bldg., Room No., if any Suite 201

Street 75 Market Street

City Portland

State Maine

ZIP Code + 4 04101-5031

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

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

Organization Coca-Cola Beverages Northeast, Inc.

Trade Name, if any

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

Street 1 Executive Park Drive, Suite 330

City Bedford

State New Hampshire

ZIP Code + 4 03110-6913

7. Date entered into:

10 / 2 / 2019

8. Name of person(s) through whom made:

Name Mike Elmer

Name

Name

Name

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
(If other title, see instructions)

Title President

14. Signed

Treasurer
(If other title, see instructions)

Title Treasurer

On 12-31-19 (207) 773-4775

Date

Telephone Number

On 12-31-19 (207) 773-4775

Date

Telephone Number

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 were no terms and conditions. We billed 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 educating subject group of employees at Coca-Cola Beverages Northeast in East Hartford, Connecticut on their rights and obligations under the National Labor Relations Act.

11.b. Period during which performed:

10/02/2019 through 11/18/2019

11.c. Extent performed:

Complete

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 Suite 201

Street 75 Market Street

City Portland

State Maine

ZIP Code + 4 04101-5031

Additional Name and address through whom performed, if any:

Name Frederick B Finberg

Organization The Bennett Law Firm, P.A.

P.O. Box, Bldg., Room No., if any Suite 201

Street 75 Market Street

City Portland

State Maine

ZIP Code + 4 04101-5031

12.a. Identify subject groups of employees:

Laboratory Employees

12.b. Identify subject labor organizations:

Local 1035