Agreement and Activities Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



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

~ 1 1 2

. Person Filing				
. Name and mailing address (include ZIP code): The Bennett Law Firm, P.A. P.O. Box 7799 Portland, ME 04112-7799		2. Any other	2. Any other address where records necessary to verify this report are kept: 121 Middle Street Suite 300 Portland, ME 04101	
		121 Mia		
		Parllan		
		10,77	•	
), Date fiscal year ends:	4. Type of persor	n:		
12/31/2003	a. 🗆 individ	dual b. 🗆 Partnership	c. Corporation d. Cother (Specify):	
3. Nature of Agreement	or Arrangement			
5. Full name and address o			6. Date entered into: O6 /25/03	
Aggregate Indus	stries - NE Reg - 1	lne.	08/22/03	
ITIS Broadway	4		7. Names of persons through whom made:	
Saugus, MA	01906		hobert Prasperi	
		-	rtaken, is directly or indirectly:	
organize and ba	argain collectively throu	ugh representatives of their	ade employees as to the manner of exercising, the right to own choosing. I employees or a labor organization in connection with a labor	
disputė involvin	g such employer, exce civil judicial proceeding	pt information for use sole!	in conjunction with an administrative or arbitral proceeding	
9. Terms and conditions (E.				
There are no t	erms or condit	ions. We will bill :	the client for all services and	
disbursement	s monthly,			
	•			
C. Specific Activities to	be Performed			
10. For each activity, separ	stely list in detail the infe	ormation required (See Part	2-10 of instructions):	
a blancom of motivities	Vale man connec	ant manage to	A sometimes with the Market	
a. Nature of activity:	ME MEDICA	en menagement a	t employee meetings. We may	
Speak at 4	hese meetings, k	le may review and	prepare campaign literature.	
•	•	•	,	
				
		c. Extent performed:		
			y attend employee meetings. We may speak at	
		these meetings	6	
-	sses of persons throug	h whom performed:		
Peter Bennett	_			
121 Middle Sm	net Suite 300			
Portland. MF	04101			
	Xioyees, groups of empir	oyees, and (b) labor organiz	ations:	
		ond, NH facility	((JL-1200)	
a) Truck Mech	anics at Raymo		((JJ - 1 200)	
Portland, ME 11. Identify (a) Subject emp a) Truck Mech b) Teamsters L	anics at Raymo		JI -1 200	
a) Truck Mech b) Teamsters L	ocal 633	ond, NIH facility	JI-1388	
a) Truck Mech b) Teamsters L D. Verlication and Sign	ature. The person in ite	ond, NIH facility	ndersigned authorized officers declares, under penalty of law, or referred to in this report, has been examined by him and is,	
a) Truck Mech b) Teamsters L D. Vertication and Sign that all information in bis	ature. The person in ite	ond, NIH facility	or referred to in this report, has been examined by him and is,	
a) Truck Mech b) Teamsters L D. Verfication and Sign that all information in his to the best of his knowledg Signed:	ature. The person in ite post, including all attact at and belief, true, correct	ond, NIH facility on t above and each of his to the ents incorporated therein ot, and complete. Signe	d: Vice Preside	
a) Truck Mech b) Teamsters Li D. Verfication and Signithat all information in his to the best of his knowledg Signed:	ature. The person in ite port, including all attact and belief, true, correct write in correct title abo	ond, NIH facility In 1 above and each of his a hinents incorporated therein ct, and complete. President (If other	d: Vice Results Treasurer or (title), cross out and write in correct title above.)	
a) Truck Mech b) Teamsters L D. Verfication and Sign that all information in his to the best of his knowledg Signed:	ature. The person in ite post, including all attact at and belief, true, correct	ond, NIH facility on t above and each of his to the ents incorporated therein ot, and complete. Signe	or referred to in this report, has been examined by him and is, Vice Rreside Treasurer er title, cross out and write in correct title above.) Otty State Date	