

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: C- 00214

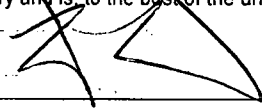
| Person Filing | |
|--|--|
| 2. Name and mailing address (include ZIP Code): | |
| Name | Peter Bennett |
| Title | President |
| Organization | The Bennett Law Firm, P.A. |
| P.O. Box, Bldg., Room No., if any | |
| Street | 121 Middle Street, Suite 300 |
| City | Portland |
| State | Maine |
| ZIP Code + 4 | 04101-7109 |
| 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: | 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): | |
| Name | |
| Organization | Frannie Peabody Center |
| Trade Name, if any | |
| P.O. Box, Bldg., Room No., if any | Suite 311 |
| Street | 30 Danforth Street |
| City | Portland |
| State | Maine |
| ZIP Code + 4 | 04101-4574 |
| 7. Date entered into: 7 / 17 / 2018 | |
| 8. Name of person(s) through whom made: | |
| Name | Donna Galluzzo |
| 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 
Title President
President (If other title, see instructions)

14. Signed 
Title Treasurer
Treasurer (If other title, see instructions)

On 07/26/2017 (207) 773-4775
Date Telephone Number

On 07/26/2017 (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 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 educating employees at Frannie Peabody Center on their rights and obligations under the National Labor Relations Act.

11.b. Period during which performed:

July 17, 2018 - July 18, 2018

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

Street 121 Middle Street, Suite 300

City Portland

State Maine

ZIP Code + 4 04101-7109

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

Street 121 Middle Street, Suite 300

City Portland

State Maine

ZIP Code + 4 04101-7109

12.a. Identify subject groups of employees:

Unknown

12.b. Identify subject labor organizations:

Unknown