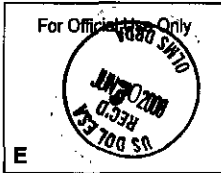


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 12-31-2010

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fine, 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

363967

1. File Number C- <u>442</u>	2. Period Covered By This Report From: <u>01/01/2007</u> Through: <u>12/31/2007</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Mark T Broth</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Shareholder</u>	Name <u>N/A</u>
Organization <u>Devine, Millimet & Branch, P.A.</u>	Title
P.O. Box, Building and Room Number, if any	Organization
<u>P.O. Box 719</u>	P.O. Box, Building and Room Number, if any
Street <u>111 Amherst Street</u>	Street
City <u>Manchester</u>	City
State <u>New Hampshire</u> ZIP Code + 4 <u>03105-0719</u>	State ZIP Code + 4

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 the Section on penalties in the instructions).

17. Signed <u>[Signature]</u>	President (if other title, see instructions)	18. Signed <u>[Signature]</u>	Treasurer (if other title, see instructions)
Title <u>President</u>		Title <u>Treasurer</u>	
On <u>6/18/2008</u>	Telephone Number <u>603-669-1000</u>	On <u>6/19/2008</u>	Telephone Number <u>603-669-1000</u>
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Mark Broth	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer: Public Service Company of New Hampshire	P.O. Box, Building and Room Number, if any: P.O. Box 330
Trade Name: PSNH	Street: 780 North Commercial Street
Attention To: Richard Chagnon	City: Manchester
Title: Human Resources Manager	State: New Hampshire ZIP Code + 4: 03105-0330

5.b. Termination Date: 6/29/07 5.c. Amount: 6,788

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,788

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
Mark T Broth	148		148
8. Total disbursements to officers and employees: **			148

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of Items 8-13)	148

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: N/A	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name: Title: Organization: P.O. Box, Building and Room Number, if any: Street: City: State: ZIP Code + 4:	15.e. Purpose:

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY