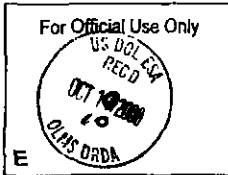


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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 Relations and Disclosure Act of 1959, as amended (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

371319

1. File Number C: <u>642</u>	2. Period Covered By This Report From	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		<u>01</u> / <u>01</u> / <u>2007</u>		<u>12</u> / <u>31</u> / <u>2007</u>

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	<u>Mark T Broth</u>
Title	<u>Shareholder</u>
Organization	<u>Devine, Millimet &amp; Branch, P.A.</u>
P.O. Box, Building and Room Number, if any	<u>P.O. Box 719</u>
Street	<u>131 Amherst Street</u>
City	<u>Manchester</u>
State	<u>New Hampshire</u> ZIP Code + 4 <u>03105-0719</u>
4. Any other address where records necessary to verify this report are kept:	
Name	<u>N/A</u>
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
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-

**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:

P.O. Box, Building and Room Number, if any

Employer Public Service Company of New Hampshire

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 Broth	**6	148	148	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:	**	148	148	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

Name

Title

Organization

P.O. Box, Building and Room Number, If any

Street

City

State

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Form LM-21 (2003) Mr. Broth is a shareholder in a law firm. His compensation in 2007 was based on a predetermined percentage of the law firm's net year-end profit. No specific amount was paid for the reported services, which represented approximately 1% of his billable work for law firm clients.