U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 03-31-2019

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. us, 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) 695319 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT RECEIVED MAR 2 5 2019 Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00214 (mm/dd/yyyy) (mm/dd/yyyy)) By This Report From: 01 / 2018 Through: A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name Peter Bennett Title President Organization The Bennett Law Firm, Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any Suite 201 Street 75 Market Street Street City Portland State Maine ZIP Code + 4 04101-5031 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: (Septhe Section on penalties in the instructions). 18. Signed 17. Signed President Treasurer (if other title, see (If other title, see President Treasurer Title instructions) instructions) (207) 773-4775 2019 2019 (207) 773-4775 |o3|/ 19 / 19

Date

Telephone Number

On

Date

Telephone Number

Name of Person F	ling:	Peter Bennett					File Number C-	00214		
B. Statement of F	Rece	ipts Report all receipts from or services.	n employers in	connection wil	th labor relation	ons advice or serv	ices regardless of	the purpos	es o	f the advice
5.a. Name and Addr	ess	of Employer (including trade na	me, if any).		P.O. Box,	Mailing Address: Building and Roon	n Number, if any			•
Employer A	nos	keag Beverages, LL	c			P.O. Box 114	•			
Trade Name					Street			•		
Attention To	Ed	Mu	rphy		City	Concord	·			
Title	Pr	esident			State	New Hampshir	e	ZIP Code	+ 4	03302-1148
5.b. Termination	Date	Ongoing			5.c. Amou	ınt 12,888			_	
6. TOTAL RECEI	PTS	FROM ALL EMPLOYERS	380,512				•			
<u>.</u> .								· · · · ·		
C. Statement of I	Nob			nada bu tha sa			na viith laban silati			
C. Statement or i	JISD		yers listed in F	Part B.	porting organ	ization in connection	on with labor relati	uns auvice	01 5	ervices rendered
7. Disbursements to (a) Name	Offi	cers and Employees:	(b) Salary	(c) Expenses (d)) Totals					
Ashely	E	Arra	1,131	0	1,13	1 9. Office and	Administrative Expe	enses		69,176
Peter		Bennett	157,710	0	157,71	0 10. Publicity				6,177
Charles	J	Carbonneau	10,330	0	10,33	0 11. Fees for P	rofessional Service	es		19,918
Frederick	В	Finberg	64,400	0	64,40	0 12. Loans Mad	e			0
Timothy	Н	Powell	12,771	0	12,77	1 13. Other Disb	ursements			0
8. Total disbursen	ent	s to officers and employees			273,38	7 14. Total Disbur	sements (Sum of Ite	ems 8-13)		368,658
D. Schedule of D	isbı	ırsements for Reportable			lule to report	only disbursement	s made for the pur	poses des	cribe	ed in Part D of the
15.a. Employer N	ame			instructions.	15 h Tra	de Name, If any:			—	_
15.a. Employer 14	anic	•	•		13.b. 11a	- Harrie, II arry.	- · · ·		\neg	
<u> </u>	,									
15.c. To Whom P	aid 				15.d. Am	ount				
Name		[15.e. Pur	pose				
Title						,				
Organization					٦II					
-										
P.O. Box, Buile	ling	and Room Number, if any				•				
Street			<u>. </u>							
City										
State Washi	ngt	on ZI	P Code + 4][
16. TOTAL DISB	JRS	EMENTS FOR ALL REPOR	RTABLE ACTI	VITY						

Form LM-21 (2003)

Name of Person Filing: Peter Bennett		File Number C- 00214
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice of	or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre	
Employer Artist & Craftsman Supply	P.O. Box, Bldg., Room	No., if any
Trade Name	Street 1053 Fores	t Avenue
Attention To: Cala Patterson	City Portland	- Avenue
Title	State Maine	ZIP Code + 4 04103-3380
	I III I	
5.b. Termination Date Ongoing	5.c. Amount 8,456	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room	No., if any
Employer Auburn Motor Sales	P.O. Box 5	00
Trade Name Rowe Auburn	Street	
Attention To: Wallace Camp, Jr.	City Auburn	
Title	State Maine	ZIP Code + 4 04212-0500
5.b. Termination Date Ongoing	5.c. Amount 6,808	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre	
Employer Bayside Distributing, Inc.	P.O. Box, Bidg., Room P.O. Box 7	
Trade Name	Street	
Attention To: Mark McCaddin	City Epping	
Title	State New Hampsh	ire ZIP Code + 4 03042-0710
5.b. Termination Date Ongoing	<u> </u>	
J.B. Telimination Date Origoting	5.c. Amount 3,745	
	.	iss:
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre	
	Mailing Addre	No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name	Mailing Addre	No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc.	Mailing Addre	No., if any ty Drive
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name	P.O. Box, Bldg., Room Street 1000 Quali	No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr.	Mailing Addre	No., if any ty Drive
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre	No., if any ty Drive Ire ZIP Code + 4 03106-2625
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room	No., if any ty Drive ire ZIP Code + 4 03106-2625 ess: No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp.	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4	No., if any ty Drive ire ZIP Code + 4 03106-2625 ess: No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4	No., if any ty Drive ire ZIP Code + 4 03106-2625 ess: No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name Attention To: Robert Peckham	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4 Street City Wilmington	No., if any ty Drive Ire ZIP Code + 4 03106-2625 Poss: No., if any 54
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name Attention To: Robert Peckham Title	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4 Street City Wilmington State Massachuse	No., if any Exp Drive Ire ZIP Code + 4 03106-2625 Ess: No., if any 54
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name Attention To: Robert Peckham	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4 Street City Wilmington	No., if any ty Drive Ire ZIP Code + 4 03106-2625 Poss: No., if any 54
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name Attention To: Robert Peckham Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4 Street City Wilmington State Massachuse	No., if any ty Drive ire
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name Attention To: Robert Peckham Title 5.b. Termination Date Ongoing	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4 Street City Wilmington State Massachuse 5.c. Amount 11,952 Mailing Addre	No., if any ty Drive ire
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name Attention To: Robert Peckham Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4 Street City Wilmington State Massachuse 5.c. Amount 11,952 Mailing Addre P.O. Box, Bldg., Room Suite 330	No., if any ty Drive ire
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name Attention To: Robert Peckham Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Coca Cola Bottling Co. of Nrthrn New Eng.	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4 Street City Wilmington State Massachuser 5.c. Amount 11,952 Mailing Addre P.O. Box, Bldg., Room Suite 330	No., if any ty Drive Ire ZIP Code + 4 03106-2625 SSS: No., if any Ets ZIP Code + 4 01887-0454 SSS: No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Bellavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name Attention To: Robert Peckham Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Coca Cola Bottling Co. of Nrthrn New Eng. Trade Name	Mailing Addre P.O. Box, Bldg., Room Street 1000 Quali City Hookset State New Hampsh 5.c. Amount 3,900 Mailing Addre P.O. Box, Bldg., Room P.O. Box 4 Street City Wilmington State Massachuse 5.c. Amount 11,952 Mailing Addre P.O. Box, Bldg., Room State 1 Executive	No., if any Exp Drive Ire ZIP Code + 4 03106-2625 Ess: No., if any Ess: No., if any Ess: No., if any Ess: No., if any Ess: No., if any

Name of Person Filing: Pe	eter Bennett	=			·	File Number C-	00214
B. Statement of Receip	ts Report all rece		in connection v	vith labor r	elations advice or	services regardles	ss of the purposes of the
5.a. Name and Address o			ıy).	D O B	Mailing Address ox, Bldg., Room No		
Employer Creativ	ve Work Syst	ems		P.O. B	ox, Blug., Room No	., II ariy	
				J Street	10 Speirs St	reet	
Trade Name						.Teet	
Attention To: Step	nen L	Hawkes		City	Westbrook		TID Code + 4
Title				State	Maine		ZIP Code + 4 04092-4122
5.b. Termination Date	ngoing]	5.c. Amo	ount 9,016		,
5.a. Name and Address of				P.O. Be	Mailing Address ox, Bldg., Room No		
Employer Cumber	land County	Federal Credi	t Union				
Trade Name				Street	101 Gray Roa	ıd	
Attention To: Kare	n	Smith		City	Falmouth	· · - · ·]
Title Chie	f Operating	Officer		State	Maine		ZIP Code + 4 04105-2029
5.b. Termination Date] ·	5 c Amo	ount 3,764		,
	<u> </u>		J 	0.0.74110			
5.a. Name and Address o	f Employer (includ	ding trade name, if ar	1y).	B 0 B	Mailing Address ox, Bldg., Room No		
Employer Down Ea	ast Credit U	Jnion		Р.О.В	P.O. Box 130		
Trade Name				 Street		· · · · · · · · · · · · · · · · · · ·	
		Cochran			Deilessille		1
Attention To: Donn	<u>a </u> _	Jeochran			Baileyville] 7(D Codo + 4
Title				State	Maine		ZIP Code + 4 04694-0130
5 h Taminatian Bata Gu		1			. [
5.b. Termination Date Or	igoing			5.c. Amo	ount 5,342		
5.a. Name and Address o	f Employer (includ		ny).	<u> </u>	Mailing Address		
	f Employer (includ		ny).	<u> </u>	Mailing Address	o., if any	
5.a. Name and Address o	f Employer (includ		ny).	<u> </u>	Mailing Address	o., if any	
5.a. Name and Address o	f Employer (includes Foods, Inc		ny).	P.O. B	Mailing Address	o., if any	
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Peter	f Employer (includes Foods, Inc		ny).	P.O. Bo	Mailing Address ox, Bldg., Room No P.O. Box 190	o., if any	ZIP Code + 4 04211-1900
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Pete Title Vice	f Employer (includes Foods, Inc ge Bakeries r		ny).	P.O. B. Street City State	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine	o., if any	ZIP Code +4 04211-1900
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Peter	f Employer (includes Foods, Inc ge Bakeries r		ny).	P.O. B. Street City State	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn	o., if any	ZIP Code +4 04211-1900
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Pete Title Vice	f Employer (includes Foods, Inc ge Bakeries r	Roy		P.O. Be Street City State	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine ount 32,620 Mailing Address	o., if any 0	ZIP Code +4 04211-1900
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Pete: Title Vice 5.b. Termination Date Of Sa. Name and Address of Employer Flowers 5.a. Name and Address of Employer Flowers 5.b. Termination Date Of Employer Flowers 5.a. Name and Address of Employer Flowers 6.a. Name and Address of Employer Flower Flowers 6.a. Name and Employer Flower Flow	f Employer (includes Foods, Inc ge Bakeries r - President ngoing	Roy	ny).	P.O. Be Street City State	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine ount 32,620	o., if any 0	ZIP Code + 4 04211-1900
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Pete: Title Vice 5.b. Termination Date Of Employer Frankli	f Employer (includes Foods, Inc ge Bakeries r - President ngoing	Roy	ny).	P.O. Bo	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine ount 32,620 Mailing Address	o., if any	ZIP Code + 4 04211-1900
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Peter Title Vice 5.b. Termination Date Or 5.a. Name and Address of Employer Frankling Trade Name	f Employer (includes Foods, Inc. ge Bakeries r	Roy ding trade name, if an	ny).	P.O. Bastreet City State 5.c. Ama	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine ount 32,620 Mailing Address ox, Bldg., Room No 26 Leavitt S	o., if any	ZIP Code + 4 04211-1900
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Pete: Title Vice 5.b. Termination Date On S.a. Name and Address of Employer Frankling Trade Name Attention To: Beven	f Employer (includes Foods, Inc. ge Bakeries r	Roy	ny).	P.O. Books Street Street F.O. Books Street City Street City	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine ount 32,620 Mailing Address ox, Bldg., Room No 26 Leavitt S Skowhegan	o., if any	
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Peter Title Vice 5.b. Termination Date Or 5.a. Name and Address of Employer Frankling Trade Name Attention To: Bever Title	f Employer (includes Foods, Inc. ge Bakeries r	Roy ding trade name, if an	ny).	P.O. Bastreet City State 5.c. Ama	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine ount 32,620 Mailing Address ox, Bldg., Room No 26 Leavitt S Skowhegan Maine	o., if any	ZIP Code + 4 04211-1900
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5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Peter Title Vice 5.b. Termination Date Or 5.a. Name and Address of Employer Frankling Trade Name Attention To: Beverentials Title S.b. Termination Date Or	f Employer (includes Foods, Inc. ge Bakeries r	Roy ding trade name, if an Federal Credi Knapp	ny).	P.O. Bastreet City State 5.c. Ama P.O. Bastreet City State 5.c. Ama	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine ount 32,620 Mailing Address ox, Bldg., Room No 26 Leavitt S Skowhegan Maine ount 4,418 Mailing Address	c., if any 0 c., if any treet	
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5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Pete: Title Vice 5.b. Termination Date Or Trade Name Attention To: Beve: Title 5.b. Termination Date Or Title 5.b. Termination Date Or Title 5.b. Termination Date Or Title 5.c. Name and Address or Employer Francie Trade Name Attention To: Beve: Title	f Employer (includes Foods, Inc. ge Bakeries r -President ngoing f Employer (includes in-Somerset rly ngoing f Employer (includes Peabody Ce	Roy ding trade name, if an Federal Credi Knapp ding trade name, if an	ny).	P.O. Bastreet City State 5.c. Ama P.O. Bastreet City State 5.c. Ama P.O. Bastreet City State 5.c. Ama City State City State City State City	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine ount 32,620 Mailing Address ox, Bldg., Room No 26 Leavitt S Skowhegan Maine ount 4,418 Mailing Address ox, Bldg., Room No Suite 311 30 Danforth	c., if any 0 c. if any treet c. if any	ZIP Code + 4 04976-1842
5.a. Name and Address of Employer Flowers Trade Name Lepas Attention To: Pete: Title Vice 5.b. Termination Date On 5.a. Name and Address of Employer Frankling Trade Name Attention To: Bevery Title 5.b. Termination Date On 5.a. Name and Address of Employer Frankling Trade Name Attention To: Lores	f Employer (includes Foods, Inc. ge Bakeries r	Roy ding trade name, if an Federal Credi Knapp ding trade name, if an	ny).	P.O. Book Street City State 5.c. Amount P.O. Book Street City State 7.O. Book Street City State	Mailing Address ox, Bldg., Room No P.O. Box 190 Auburn Maine ount 32,620 Mailing Address ox, Bldg., Room No 26 Leavitt S Skowhegan Maine ount 4,418 Mailing Address ox, Bldg., Room No Suite 311 30 Danforth Portland	c., if any 0 c. if any treet c. if any	

Name of Person Filing: Peter Bennett			File Number C-	00214
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor re	elations advice or	services regardle	ss of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).		Mailing Addres		
Employer Goodwill Industries of No. New England		x, Bldg., Room N Unit 1	o., if any	
Trade Name	;	34 Hutchers	on Drive	
Attention To: Sandy Bissel1		Gorham	on prive]
Title	_ · · · ·	Maine		ZIP Code + 4 04038-2750
	T			01030 2730
5.b. Termination Date Ongoing	5.c. Amou	unt 48,258		
5.a. Name and Address of Employer (including trade name, if any).	P.O. Bo	Mailing Addres		
Employer Hardwood Products Company, LLC		P.O. Box 14	9	
Trade Name	Street			
Attention To: Terrance Young	City	Guilford] .
Title President	State	Maine		ZIP Code + 4 04443-0149
5.b. Termination Date Ongoing	5.c. Amor	unt 3,800		
5.a. Name and Address of Employer (including trade name, if any).		Mailing Addres		
Employer Lois' Natural Marketplace,Inc.		x, Bldg., Room N Box 15	lo., if any	
	— ;	152 U.S. Ro	ute 1	
Attention To: Dan Porta				
Attention To: Dan	a	Scarborough		ZIP Code + 4 04074-8365
1100	<u> </u>	Maine		217 3008 - 4 040 74 - 8365
5.b. Termination Date Ongoing	5.c. Amou	unt 2,837		
5.a. Name and Address of Employer (including trade name, if any).	<u> </u>	Mailing Addres		
	<u> </u>	Mailing Addres		
5.a. Name and Address of Employer (including trade name, if any).	P.O. Bo	Mailing Addres	o., if any	
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc.	P.O. Bo	Mailing Addres	o., if any	
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name	P.O. Bo Street	Mailing Addres ox, Bldg., Room N 5 Coffey St	o., if any	ZIP Code + 4 04401 - 5757
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman	P.O. Bo Street City State	Mailing Addres ox, Bldg., Room N 5 Coffey St: Bangor	o., if any	ZIP Code +4 04401-5757
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman Title	P.O. Bo Street [City [State [Mailing Addres ox, Bldg., Room N 5 Coffey St: Bangor Maine ount 5,821 Mailing Addres	reet	ZIP Code + 4 04401-5757
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	P.O. Bo Street [City [State [5.c. Amo	Mailing Addres ox, Bldg., Room N 5 Coffey St: Bangor Maine ount 5,821 Mailing Addres ox, Bldg., Room N	reet s: o., if any	ZIP Code +4 04401-5757
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union	P.O. Bo Street [City [State [F.O. Amo	Mailing Addres ox, Bldg., Room N 5 Coffey St: Bangor Maine ount 5,821 Mailing Addres	reet s: o., if any	ZIP Code +4 04401-5757
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union Trade Name	P.O. Bo Street [City [State [5.c. Amo P.O. Bo Street [Mailing Addres ox, Bldg., Room N 5 Coffey St: Bangor Maine ount 5,821 Mailing Addres ox, Bldg., Room N P.O. Box 569	reet s: o., if any	ZIP Code + 4 04401-5757
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union Trade Name Attention To: Normand Dubreuil	P.O. Bo Street [City [State [F.C. Amo P.O. Bo Street [City	Mailing Addres ox, Bldg., Room N 5 Coffey St: Bangor Maine ount 5,821 Mailing Addres ox, Bldg., Room N P.O. Box 569	reet s: o., if any	
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union Trade Name Attention To: Normand Dubreuil Title	P.O. Bo Street [State [F.O. Bo P.O. Bo Street [City [State [Street [City [State [City	Mailing Addres Sx, Bldg., Room N Coffey St: Bangor Maine Sunt 5,821 Mailing Addres Sx, Bldg., Room N P.O. Box 569 Augusta Maine	reet s: o., if any	ZIP Code + 4 04401 - 5757 ZIP Code + 4 04332 - 5659
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union Trade Name Attention To: Normand Dubreuil	P.O. Bo Street [State [F.O. Bo P.O. Bo Street [City [State [Street [City [State [City	Mailing Addres ox, Bldg., Room N 5 Coffey St: Bangor Maine ount 5,821 Mailing Addres ox, Bldg., Room N P.O. Box 569	reet s: o., if any	
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5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union Trade Name Attention To: Normand Dubreuil Title 5.b. Termination Date Ongoing	P.O. Bo Street [City [State [F.O. Bo Street [City [Ci	Mailing Addres ox, Bldg., Room N 5 Coffey St: Bangor Maine ount 5,821 Mailing Addres ox, Bldg., Room N P.O. Box 569 Augusta Maine ount 2,118 Mailing Addres ox, Bldg., Room N	s: o., if any s: o., if any s: o., if any s: o., if any	
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Doug Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union Trade Name Attention To: Normand Dubreuil Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	P.O. Bo Street [City [State [F.O. Bo Street [City [Ci	Mailing Addres ox, Bldg., Room N 5 Coffey St: Bangor Maine ount 5,821 Mailing Addres ox, Bldg., Room N P.O. Box 569 Augusta Maine ount 2,118 Mailing Addres	s: o., if any s: o., if any s: o., if any s: o., if any	
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Name of Person Fi	ling: Peter Bennet	t				File Number C	-00214
B. Statement of I	Recelpts Report all rec		loyers in connection	with labor i	relations advice or	services regardle	ess of the purposes of the
5.a. Name and Add	dress of Employer (inclu		e, if any).		Mailing Address		
No	tional Distribu	tora Ina		P.O. B	ox, Bldg., Room No	o., if any	
	CIONAL DISCITOU	itors, me.	<u> </u>		216 8-13	3	
Trade Name	<u>[</u>				116 Wallace		<u> </u>
Attention To:	Timothy	Longsta	iff	City	South Portla	and]
Title	President			State	Maine		ZIP Code + 4 04106-6144
5.b. Termination D	ate Ongoing			5.c. Amo	ount 3,096		
5.a. Name and Add	dress of Employer (inclu	iding trade name	e, if any).	P.O. B	Mailing Address ox, Bldg., Room No		
Employer Ne	w Hampshire Dis	tributors,	LLC		P.O. Box 26		
Trade Name				Street			
Attention To:	Christopher	TBrown		City	Concord		
Title	Chief Executive	Officer		State	New Hampshir	re	ZIP Code + 4 03302-0267
5.b. Termination D	ate Ongoing			5.c. Am	ount 11,020	·	
5.a. Name and Ad	dress of Employer (inclu	ding trade name	e, if any).		Mailing Addres	s:	
<u></u>	D. D			P.O. B	lox, Bldq., Room N		
	F.B., Inc.				P.O. Box 13	<u> </u>	
Trade Name	Prunier's Marke			Street			
Attention To:	William	Prunier	•	City	Bomoseen		
Title	Treasurer			State	Vermont		ZIP Code + 4 05732-0137
5.b, Termination D	ate Ongoing			5.c. Am	ount 990		
	dress of Employer (inclu	<u> </u>	e, if any).	P.O. B	Mailing Addressiox, Bldg., Room N		
Employer Pe	rformance Food	Group			P.O. Box 262		
Trade Name	PFG Northcenter	:		Street		•	
Attention To:	David	Crowell		City	Augusta		7
Title	President	<u></u>		State	Maine		ZIP Code + 4 04338-2628
5.b. Termination D	Date Ongoing	•		5.c. Am	ount 6,626		<u> </u>
5.a. Name and Add	dress of Employer (inclu	ıding trade name	e, if anv).		Mailing Address	s:	
•				P.O. B	ox, Bida., Room N		
Employer Pi	ne State Tradin	g Co.					
Trade Name		<u> </u>		Street	100 Enterpri	ise Avenue	
Attention To:	Nick	Alberdi	ng	City	Gardiner		
Title				State	Maine		ZIP Code + 4 04345-6249
5.b. Termination D	Date Ongoing			5.c. Am	ount 7,984		
	dress of Employer (inclu	-		P.O. B	Mailing Addres		
Employer Re	sidential and C	ommunity S	upport Servic	es			
Trade Name					8 Pomerleau	Street	
Attention To:	Christine	Tiernan		City	Biddeford]
Title				State	Maine		ZIP Code + 4 04005-9457
5.b. Termination D	Ongoing			<u> </u>	ount 9,421		

Name of Person Fill	ng: Peter Bennet	t	4			File Number C-	00214
B. Statement of R	ecelpts Report all rec		s in connection v	vith labor r	elations advice or	services regardles	ss of the purposes of the
5.a. Name and Addi	ress of Employer (inclu		ny).		Mailing Addres		
Por	in Ford Calon			P.O. Bo	P.O. Box 10		
i r	we Ford Sales				P.O. BOX 10		
Trade Name	· · · · · · · · · · · · · · · · · · ·			Street			<u> </u>
<u> </u>	Wallace	Camp, Jr.		City	Westbrook]
Title		<u> </u>		State	Maine		ZIP Code + 4 04098-0109
5.b. Termination Da	te Ongoing]	5.c. Amo	unt 4,282		
<u></u>	ress of Employer (inclu	ding trade name, if a	ny).	P.O. Bo	Mailing Addres ox, Bldg., Room N		
Employer Sha	alom House						
Trade Name				Street	106 Gilman	Street	
Attention To:	Mary	Haynes-Rod	gers	City	Portland]
Title	Executive Direc	tor		State	Maine		ZIP Code + 4 04102-3034
5.b. Termination Da	Ongoing			5.c. Amo	ount 5,634		
5.a. Name and Add	ress of Employer (inclu	ding trade name, if a	iny).		Mailing Addres		
- · Spr	rague Operating	Resources L	LC.	P.O. B	ox, Bldq., Room N	lo., if any	
	Sprague Energy	Report of P		 Street	185 Interna	tional Drive	
Attention To:		P Scoff	 _	City	Portsmouth		
l				State			ZIP Code + 4 03801-6836
11de L	VP, General Cou	insel, CCO		State.	New Hampshi	re	217 0000 - 4 03801 - 6836
5.b. Termination Da	nte Ongoing			5.c. Amo	ount 71,124		
	nte Ongoing ress of Employer (inclu	ding trade name, if a	ny).		Mailing Addres		
5.a. Name and Add	ress of Employer (inclu	ding trade name, if a	ny).				
5.a. Name and Add		ding trade name, if a	iny).		Mailing Addres		
5.a. Name and Addi	ress of Employer (inclu	ding trade name, if a	iny).	P.O. Bo	Mailing Addres		
5.a. Name and Adda Employer Val	ress of Employer (inclu		iny).	P.O. Bo	Mailing Addres		ZIP Code + 4 04963 - 0008
5.a. Name and Adda Employer Val Trade Name Attention To: It	ress of Employer (inclu ley Beverage Michael		iny).	P.O. Bo Street City State	Mailing Addresox, Bldg., Room N P.O. Box 8 Oakland		ZIP Code + 4 04963-0008
5.a. Name and Addi Employer Val Trade Name Attention To: It Title	ress of Employer (included less soft Employer	Runser		P.O. Bo Street City State	Mailing Address ox, Bldg., Room N P.O. Box 8 Oakland Maine ount 10,017	lo., if any	ZIP Code + 4 04963 - 0008
5.a. Name and Addi Employer Val Trade Name Attention To: It Title	ress of Employer (inclu ley Beverage Michael	Runser		P.O. Be Street City State	Mailing Addres ox, Bldg., Room N P.O. Box 8 Oakland Maine ount 10,017 Mailing Addres	lo., if any	ZIP Code + 4 04963 - 0008
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(a) Name		<u> </u>	(b) Salary	(c) Expenses	(d) Totals	
Laurie		Proctor	8,538	0	8,538	
Joanne		Simonelli	18,447	0	18,447	
Christy	R	Stilphen	60	0	60	
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Organization:

The Bennett Law Firm, P.A.

File Number:

C-00214

For the Period Ending:

December 31, 2018

ATTACHMENT 1 of 1 to FORM LM-21

Section B, Items 5-6:

We have included a list of employers for whom we provided labor relations advice and services for the time period covered by this report. The majority of those clients receive general labor and employment law advice on a retainer basis. This advice may or may not pertain to reportable activity. Further (except as noted below), the portions of receipts attributable to reportable activity are not shown separately on our records. Thus, for the time period covered by this report, no Forms LM-10 or LM-20 have been generated, except for the following clients for whom specific reportable activity associated with persuader activity was undertaken and for whom separate records were maintained:

- Form LM-10 filed by Amoskeag Beverages, LLC for Fiscal Year Ending 12/31/2018
- Form LM-20 filed by The Bennett Law Firm, P.A. in regards to an agreement with and payment from Amoskeag Beverages, LLC for Fiscal Year Ending 12/31/2018
- Form LM-10 filed by Coca-Cola Bottling Company of Northern New England for Fiscal Year Ending 12/31/2018
- Two Forms LM-20 filed by The Bennett Law Firm, P.A. in regards to agreements with and payments from Coca-Cola Bottling Company of Northern New England for Fiscal Year Ending 12/31/2018
- Two Forms LM-20 filed by The Bennett Law Firm, P.A. in regards to payments from Coca-Cola Bottling Company of Northern New England in Fiscal Year Ending 12/31/2018 for agreements made in Fiscal Year Ending 12/31/2017
- Form LM-10 filed by Frannie Peabody Center for Fiscal Year Ending 12/31/2018
- Form LM-20 filed by The Bennett Law Firm, P.A. in regards to an agreement with and payment from Frannie Peabody Center for Fiscal Year Ending 12/31/2018

Section C, Item 7(c):

All expenses, whether reimbursed or paid directly, are already included in aggregate form in Items 9, 10 and 11, and thus are not reported separately in Section C, Item 7(c), as to do so would result in double reporting and overstating outlays.

Section C, Items 7-14:

We are a law firm and have disbursements for other practice areas of law in addition to labor relations advice and services. Further, those disbursements attributable to labor relations advice and services and the other practice areas are not show separately on our records. We have calculated that the total receipts listed in Item 6 represent 14% of the firm's total receipts for the time period covered by this report. As such, we have allocated 14% of our total disbursements for Items 7-14 accordingly.