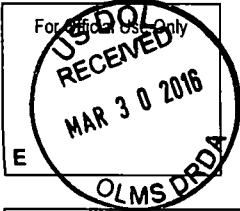


FORM LM-21

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

618207

1. File Number C- 00214	2. Period Covered By This Report From: 01/01/2015 Through: 12/31/2015
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Peter"/> <input type="text" value="Bennett"/> Title <input type="text" value="President"/> Organization <input type="text" value="The Bennett Law Firm, P.A."/> P.O. Box, Building and Room Number, if any <input type="text" value="P.O. Box 7799"/> Street <input type="text"/> City <input type="text" value="Portland"/> State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04112-7799"/>	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text" value="Suite 300"/> Street <input type="text" value="121 Middle Street"/> City <input type="text" value="Portland"/> State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04101-7109"/>

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 Title <input type="text" value="President"/> On <input type="text" value="03/28/2016"/> <input type="text" value="(207) 773-4775"/> Date Telephone Number	18. Signed Title <input type="text" value="Treasurer"/> On <input type="text" value="03/28/2016"/> <input type="text" value="(207) 773-4775"/> Date Telephone Number
---	---

Name of Person Filing: Peter Bennett

File Number C- 00214

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 Amoskeag Beverages, LLC

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

P.O. Box 1148

Trade Name

Street

Attention To Thomas

A

Bullock

City

Concord

Title

State

New Hampshire

ZIP Code + 4

03302-1148

5.b. Termination Date

Ongoing

5.c. Amount

6,572

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 751,738

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		
Peter Bennett	234,134	0	234,134	9. Office and Administrative Expenses	197,546
Charles J Carbonneau	31,490	0	31,490	10. Publicity	15,039
Frederick B Finberg	125,152	0	125,152	11. Fees for Professional Services	33,618
Laurie A Proctor	24,694	0	24,694	12. Loans Made	0
Joanne I Simonelli	57,025	0	57,025	13. Other Disbursements	
8. Total disbursements to officers and employees:			472,495	14. Total Disbursements (Sum of Items 8-13)	718,698

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:

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 Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Peter Bennett		File Number C- 00214	
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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 <u>Associated Grocers of New England, Inc.</u>	P.O. Box, Bldg., Room No., if any <u>P.O. Box 6000</u>
Trade Name <u></u>	Street <u></u>
Attention To: <u>Steven</u> <input type="checkbox"/> <u>Murphy</u>	City <u>Pembroke</u>
Title <u>Sr. V.P. Finance & Administration</u>	State <u>New Hampshire</u> ZIP Code + 4 <u>03275-6000</u>

5.b. Termination Date Ongoing 5.c. Amount 30,507

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

Employer <u>Auburn Motor Sales</u>	P.O. Box, Bldg., Room No., if any <u>P.O. Box 500</u>
Trade Name <u>Rowe Auburn</u>	Street <u></u>
Attention To: <u>Wallace</u> <input type="checkbox"/> <u>Camp, Jr.</u>	City <u>Auburn</u>
Title <u></u>	State <u>Maine</u> ZIP Code + 4 <u>04212-0500</u>

5.b. Termination Date Ongoing 5.c. Amount 4,698

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

Employer <u>Bayside Distributing, Inc.</u>	P.O. Box, Bldg., Room No., if any <u>P.O. Box 710</u>
Trade Name <u></u>	Street <u></u>
Attention To: <u>Mark</u> <input type="checkbox"/> <u>McCaddin</u>	City <u>Epping</u>
Title <u></u>	State <u>New Hampshire</u> ZIP Code + 4 <u>03042-0710</u>

5.b. Termination Date Ongoing 5.c. Amount 2,488

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

Employer <u>Bellavance Beverage Company, Inc.</u>	P.O. Box, Bldg., Room No., if any <u></u>
Trade Name <u></u>	Street <u>120 Northwest Boulevard</u>
Attention To: <u>Joseph</u> <input type="checkbox"/> <u>Bellavance, Sr.</u>	City <u>Nashua</u>
Title <u></u>	State <u>New Hampshire</u> ZIP Code + 4 <u>03063-4006</u>

5.b. Termination Date Ongoing 5.c. Amount 3,184

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

Employer <u>Benevento Sand & Stone Corp.</u>	P.O. Box, Bldg., Room No., if any <u>P.O. Box 454</u>
Trade Name <u></u>	Street <u></u>
Attention To: <u>Robert</u> <input type="checkbox"/> <u>Peckham</u>	City <u>Wilmington</u>
Title <u></u>	State <u>Massachusetts</u> ZIP Code + 4 <u>01887-0454</u>

5.b. Termination Date Ongoing 5.c. Amount 15,750

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

Employer <u>Coca-Cola Bottling Co. of No. New England</u>	P.O. Box, Bldg., Room No., if any <u>Suite 330</u>
Trade Name <u></u>	Street <u>1 Executive Park</u>
Attention To: <u>Mark</u> <input type="checkbox"/> <u>Francoeur</u>	City <u>Bedford</u>
Title <u>President</u>	State <u>New Hampshire</u> ZIP Code + 4 <u>03110-6913</u>

5.b. Termination Date Ongoing 5.c. Amount 106,952

Name of Person Filing: Peter Bennett		File Number C- 00214	
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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 <u>Crystal Motor Express, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>10 Kimball Lane</u>	
Attention To: <u>Fran</u> <input type="checkbox"/> <u>Lang</u>		City <u>Lynnfield</u>	
Title <u>Controller</u>		State <u>Massachusetts</u> ZIP Code + 4 <u>01940</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>85,028</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Cumberland County Federal Credit Union</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>101 Gray Road</u>	
Attention To: <u>Karen</u> <input type="checkbox"/> <u>Smith</u>		City <u>Falmouth</u>	
Title <u>Chief Operating Officer</u>		State <u>Maine</u> ZIP Code + 4 <u>04105-2029</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>6,702</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Down East Credit Union</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>P.O. Box 130</u>	
Attention To: <u>Donna</u> <input type="checkbox"/> <u>Cochran</u>		City <u>Baileyville</u>	
Title <u></u>		State <u>Maine</u> ZIP Code + 4 <u>04694-0130</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>9,001</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Federal Distributors, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>P.O. Box 2007</u>	
Attention To: <u>John</u> <input type="checkbox"/> <u>Cronin</u>		City <u>Lewiston</u>	
Title <u></u>		State <u>Maine</u> ZIP Code + 4 <u>04241-2007</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>6,447</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Flowers Foods, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Lepage Bakeries</u>		Street <u>P.O. Box 1900</u>	
Attention To: <u>Michael</u> <input type="checkbox"/> <u>McCall</u>		City <u>Auburn</u>	
Title <u>President</u>		State <u>Maine</u> ZIP Code + 4 <u>04211-1900</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>65,786</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Franklin-Somerset Federal Credit Union</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>26 Leavitt Street</u>	
Attention To: <u>Karen</u> <input type="checkbox"/> <u>Greenleaf</u>		City <u>Skowhegan</u>	
Title <u></u>		State <u>Maine</u> ZIP Code + 4 <u>04976-1842</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>4,812</u>	

Name of Person Filing: Peter Bennett	File Number C- 00214
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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	Frannie Peabody House	P.O. Box, Bldg., Room No., if any	Suite 311
Trade Name		Street	30 Danforth Street
Attention To:	Lorena Delcourt	City	Portland
Title		State	Maine
		ZIP Code + 4	04101-4502
5.b. Termination Date Ongoing		5.c. Amount 5,472	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Goodwill Industries of Northern New England	P.O. Box, Bldg., Room No., if any	Suite 300
Trade Name		Street	75 Washington Avenue
Attention To:	Steven Hayes	City	Portland
Title		State	Maine
		ZIP Code + 4	04101
5.b. Termination Date Ongoing		5.c. Amount 33,132	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Great State Beverages, Inc.	P.O. Box, Bldg., Room No., if any	P.O. Box 16650
Trade Name		Street	
Attention To:	Robert Koslowsky	City	Hookset
Title		State	New Hampshire
		ZIP Code + 4	03106-6550
5.b. Termination Date Ongoing		5.c. Amount 13,987	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Hardwood Products Company, LLC	P.O. Box, Bldg., Room No., if any	P.O. Box 149
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. Amount 2,951	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Holcim (US) Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name	Aggregate Industries - NE Region	Street	1715 Broadway
Attention To:	Carla Shattuck	City	Saugus
Title		State	Massachusetts
		ZIP Code + 4	01906-4703
5.b. Termination Date Ongoing		5.c. Amount 30,545	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Lois' Natural Marketplace, Inc.	P.O. Box, Bldg., Room No., if any	Box 15
Trade Name		Street	152 U.S. Route 1
Attention To:	Dan Porta	City	Scarborough
Title		State	Maine
		ZIP Code + 4	04074-8365
5.b. Termination Date Ongoing		5.c. Amount 8,579	

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Name of Person Filing: Peter Bennett		File Number C-00214	
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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 <input type="text" value="P.F.B. Inc."/> Trade Name <input type="text" value="Prunier's Market"/> Attention To: <input type="text" value="William"/> <input type="checkbox"/> <input type="text" value="Prunier"/> Title <input type="text" value="Treasurer"/>	P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. Box 137"/> Street <input type="text"/> City <input type="text" value="Bomoseen"/> State <input type="text" value="Vermont"/> ZIP Code + 4 <input type="text" value="05732-0137"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>	5.c. Amount <input type="text" value="1,080"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Performance Food Group"/> Trade Name <input type="text" value="PFG Northcenter"/> Attention To: <input type="text" value="David"/> <input type="checkbox"/> <input type="text" value="Crowell"/> Title <input type="text" value="President"/>	P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. Box 2628"/> Street <input type="text"/> City <input type="text" value="Augusta"/> State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04338-2628"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>	5.c. Amount <input type="text" value="8,988"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Pine State Trading Co."/> Trade Name <input type="text"/> Attention To: <input type="text" value="Gena"/> <input type="checkbox"/> <input type="text" value="Canning"/> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="47 Market Street"/> City <input type="text" value="Gardiner"/> State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04345"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>	5.c. Amount <input type="text" value="35,874"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Rowe Ford Sales"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Wallace"/> <input type="checkbox"/> <input type="text" value="Camp, Jr."/> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. Box 109"/> Street <input type="text"/> City <input type="text" value="Westbrook"/> State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04098-0109"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>	5.c. Amount <input type="text" value="6,403"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Shalom House"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Thomas"/> <input type="checkbox"/> <input type="text" value="Rowan"/> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="106 Gilman Street"/> City <input type="text" value="Portland"/> State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04102"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>	5.c. Amount <input type="text" value="375"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Sprague Operating Resources, LLC"/> Trade Name <input type="text" value="Sprague Energy"/> Attention To: <input type="text" value="J"/> <input type="checkbox"/> <input type="text" value="P"/> <input type="text" value="Scoff"/> Title <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="185 International Drive"/> City <input type="text" value="Portsmouth"/> State <input type="text" value="New Hampshire"/> ZIP Code + 4 <input type="text" value="03801-6836"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>	5.c. Amount <input type="text" value="203,713"/>		

Name of Person Filing: Peter Bennett	File Number C- 00214
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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 Valley Distributors, Inc.	P.O. Box, Bldg., Room No., if any	P.O. Box 8	
Trade Name	Street		
Attention To: Michael Runser	City	Oakland	
Title	State	Maine	ZIP Code + 4 04963-0008
5.b. Termination Date Ongoing		5.c. Amount 7,893	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Organization: **The Bennett Law Firm, P.A.**
File Number: **C-00214**
For the Period Ending: **December 31, 2015**

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 union campaigns was undertaken and for whom separate records were maintained:

- Form LM-10 filed directly by Manor on the Hill Corp. for Fiscal Year Ending 12/31/2015
- Form LM-20 filed by The Bennett Law Firm, P.A. in regards to Manor on the Hill Corp. for Fiscal Year Ending 12/31/2015
- Form LM-10 filed by Crystal Motor Express, Inc. for Fiscal Year Ending 12/31/2015
- Form LM-20 filed by The Bennett Law Firm, P.A. in regards to Crystal Motor Express, Inc. for Fiscal Year Ending 12/31/2015

Section C, Items 7:

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, 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 47% of the firm's total receipts for the time period covered by this report. As such, we have allocated 47% of our total disbursements for Items 7-14 accordingly.