

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

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

1. File Number C- 00214

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01 / 01 / 2012

Through:

Month/Day/Year  
(mm/dd/yyyy)

12 / 31 / 2012

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name Peter Bennett

Title President

Organization The Bennett Law Firm, P.A.

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

P.O. Box 7799

Street

City Portland

State Maine ZIP Code + 4 04112-7799

#### 4. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

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

Suite 300

Street 121 Middle Street

City Portland

State Maine ZIP Code + 4 04101

### 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 President

President  
(If other title, see  
instructions)

On

03 / 26 / 2013 207-773-4775

Date

Telephone Number

18. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

03 / 26 / 2013 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:

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

Employer Amoskeag Beverages LLC

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

2,807

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 530,354

**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	182,671	0	182,671	9. Office and Administrative Expenses	165,430
Frederick	B Finberg	88,599	0	88,599	10. Publicity	12,418
Joanne	T Simonelli	32,760	0	32,760	11. Fees for Professional Services	15,581
Laurie	A Proctor	17,702	0	17,702	12. Loans Made	0
Robin	A O'Leary	18,637	0	18,637	13. Other Disbursements	0
8. Total disbursements to officers and employees:				340,369	14. Total Disbursements (Sum of Items 8-13)	533,798

**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

15.d. Amount:

Name

15.e. Purpose

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

**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, Bldg., Room No., if any

Employer Associated Grocers of New England

P.O. Box 6000

Trade Name

Street

Attention To: Steven

Murphy

City

Pembroke

Title

Sr. V.P. Finance &amp; Administration

State

New Hampshire

ZIP Code + 4

03275-6000

5.b. Termination Date Ongoing

5.c. Amount 37,029

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Auburn Motor Sales

P.O. Box 500

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 6,598

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Bayside Distributing, Inc.

P.O. Box 710

Trade Name

Street

Attention To: Mark

McCaddin

City

Epping

Title

State

New Hampshire

ZIP Code + 4

03042-0710

5.b. Termination Date Ongoing

5.c. Amount 2,900

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Bellavance Beverage Company, Inc.

P.O. Box 4006

Trade Name

Street

120 Northwest Boulevard

Attention To: Joseph

Bellavance, Sr.

City

Nashua

Title

President

State

New Hampshire

ZIP Code + 4

03063-4006

5.b. Termination Date Ongoing

5.c. Amount 2,400

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Coca-Cola Bottling Co. of No. New England

Suite 330

Trade Name

Street

1 Executive Park Drive

Attention To: Lawrence

Lordi

City

Bedford

Title

President

State

New Hampshire

ZIP Code + 4

03110-6913

5.b. Termination Date Ongoing

5.c. Amount 77,347

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Cumberland County Federal Credit Union

P.O. Box 2029

Trade Name

Street

101 Gray Road

Attention To: Karen

Rickett

City

Falmouth

Title

Vice-President of Operations

State

Maine

ZIP Code + 4

04105-2029

5.b. Termination Date Ongoing

5.c. Amount 2,174

**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, Bldg., Room No., if any

Employer Down East Credit Union

P.O. Box 415

Trade Name

Street

Attention To: Donna Cochran

City

Title

State

Topsham

Maine

ZIP Code + 4 04086-0415

5.b. Termination Date Ongoing

5.c. Amount 3,660

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Federal Distributors, Inc.

P.O. Box 2007

Trade Name

Street

Attention To: J. Spellman

City

Title

State

Lewiston

Maine

ZIP Code + 4 04241-2007

5.b. Termination Date Ongoing

5.c. Amount 4,989

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Franklin Somerset Federal Credit Union

P.O. Box 2007

Trade Name

Street

Attention To: Karen Greenleaf

City

Title

State

26 Leavitt Street

Skowhegan

Maine

ZIP Code + 4 04976

5.b. Termination Date Ongoing

5.c. Amount 3,394

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Frannie Peabody House

Suite 311

Trade Name

Street

Attention To: Lorena Delcourt

City

Title

State

30 Danforth Street

Portland

Maine

ZIP Code + 4 04101

5.b. Termination Date Ongoing

5.c. Amount 3,186

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Goodwill Industries of Northern New England

P.O. Box 8600

Trade Name

Street

Attention To: Theodore Caouette

City

Title

State

Portland

Maine

ZIP Code + 4 04104-8600

5.b. Termination Date Ongoing

5.c. Amount 39,390

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Great State Beverages, Inc.

P.O. Box 16550

Trade Name

Street

Attention To: Robert Koslowsky

City

Title

State

Hookset

New Hampshire

ZIP Code + 4 03106-6550

5.b. Termination Date Ongoing

5.c. Amount 19,177

**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, Bldg., Room No., if any

Employer Hardwood Products Company, LLC

P.O. Box 149

Trade Name

Street

Attention To: Terrence

Young

City

Guilford

Title President

State

Maine

ZIP Code + 4

04443-0149

5.b. Termination Date Ongoing

5.c. Amount 4,160

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Holcim US Inc.

P.O. Box 122

Trade Name

Street

6211 Ann Arbor Road

Attention To: Richard

Winter

City

Dundee

Title HR Manager

State

Michigan

ZIP Code + 4

48131-0122

5.b. Termination Date Ongoing

5.c. Amount 109,706

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Flowers Foods

P.O. Box 1900

Trade Name

Lepage Bakeries Inc.

Street

Attention To: Andrew

Barowsky

City

Auburn

Title

State

Maine

ZIP Code + 4

04211-1900

5.b. Termination Date Ongoing

5.c. Amount 40,931

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Lois' Natural Marketplace Inc.

Box 15

Trade Name

Street

152 US Route 1

Attention To: Dan

Porta

City

Scarborough

Title

State

Maine

ZIP Code + 4

04074

5.b. Termination Date Ongoing

5.c. Amount 1,598

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Maine Distributors, Inc.

Trade Name

Street

5 Coffey Street

Attention To: Scott

Solman

City

Bangor

Title

State

Maine

ZIP Code + 4

04401

5.b. Termination Date Ongoing

5.c. Amount 5,579

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Maine State Credit Union

P.O. Box 5659

Trade Name

Street

Attention To: Normand

R

Dubreuil

City

Augusta

Title

President

State

Maine

ZIP Code + 4

04332-5659

5.b. Termination Date Ongoing

5.c. Amount 2,979



**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, Bldg., Room No., if any

Employer National Distributors, Inc

Trade Name

Street 116 Wallace Ave

Attention To: Jeffrey D Kane

City South Portland

Title President

State Maine

ZIP Code + 4 04106-6144

5.b. Termination Date Ongoing

5.c. Amount 4,125

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer New Hampshire Distributors, Inc

P.O. Box 267

Trade Name

Street

Attention To: Christopher T Brown

City Concord

Title Chief Executive Officer

State New Hampshire

ZIP Code + 4 03302-0267

5.b. Termination Date Ongoing

5.c. Amount 10,835

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer P.F.B. Inc.

P.O. Box 137

Trade Name Prunier's Market

Street

Attention To: William Prunier

City Bomoseen

Title Treasurer

State Vermont

ZIP Code + 4 05732-0137

5.b. Termination Date Ongoing

5.c. Amount 1,080

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Performance Food Group

P.O. Box 2628

Trade Name PFG Northcenter

Street

Attention To: David Crowell

City Augusta

Title President

State Maine

ZIP Code + 4 04338-2628

5.b. Termination Date Ongoing

5.c. Amount 10,573

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Portland Water District

P.O. Box 3553

Trade Name

Street

Attention To: David Kane

City Portland

Title

State Maine

ZIP Code + 4 04101-3553

5.b. Termination Date Ongoing

5.c. Amount 59,094

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Rowe Ford Sales

P.O. Box 109

Trade Name

Street

Attention To: Wallace Camp, Jr.

City Portland

Title

State Maine

ZIP Code + 4

5.b. Termination Date Ongoing

5.c. Amount 3,336

**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, Bldg., Room No., if any

Employer Sprague Operating Resources LLC

Suite 200

Trade Name

Street 2 International Drive

Attention To: J. P. Scoff

City Portsmouth

Title

State New Hampshire

ZIP Code + 4 03801-6809

5.b. Termination Date Ongoing

5.c. Amount 66,027

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Valley Distributors, Inc.

P.O. Box 8

Trade Name

Street

Attention To: Michael Runser

City Oakland

Title

State Maine

ZIP Code + 4

5.b. Termination Date Ongoing

5.c. Amount 5,280

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount 0

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

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

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:

P.O. Box, Bldg., Room No., if any

Employer

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:

P.O. Box, Bldg., Room No., if any

Employer

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, 2012**

**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, 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 were generated.

**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 shown separately on our records. We have calculated that the total receipts listed in Item 6 represent 36% of the firm's total receipts for the time period covered by this report. As such, we have allocated 36% of our total disbursements for Items 7-14 accordingly.