

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)



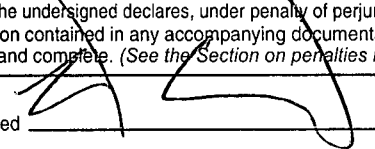
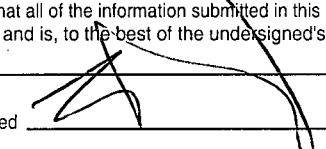
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

479443

1. File Number C- 00214	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2011	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2011
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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 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title President		Title Treasurer	
On 03 / 16 / 2012	207-773-4775	On 03 / 16 / 2012	207-773-4775
Date	Telephone Number	Date	Telephone Number

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).

Employer Mailing Address:
 Trade Name Street
 Attention To City
 Title State ZIP Code + 4

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 703,361

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	
Jeffrey <input type="checkbox"/> Bennett	12,330	0	12,330	9. Office and Administrative Expenses <input type="text" value="197,791"/>
Peter <input type="checkbox"/> Bennett	209,718	517	210,235	10. Publicity <input type="text" value="17,474"/>
Charles <input type="checkbox"/> J Carbonneau	14,710	9	14,719	11. Fees for Professional Services <input type="text" value="64,006"/>
Frederick <input type="checkbox"/> B Finberg	96,350	0	96,350	12. Loans Made <input type="text"/>
Christian <input type="checkbox"/> C Foster	449	0	449	13. Other Disbursements <input type="text" value="0"/>
8. Total disbursements to officers and employees:			410,104	14. Total Disbursements (Sum of Items 8-13) <input type="text" value="689,375"/>

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid 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"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

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 Associated Grocers of New England		P.O. Box, Bldg., Room No., if any P.O. Box 6000	
Trade Name		Street	
Attention To: Steven <input type="checkbox"/> Murphy		City Pembroke	
Title Sr. V.P. Finance & Administration		State New Hampshire ZIP Code + 4 03275-6000	
5.b. Termination Date Ongoing		5.c. Amount 75,309	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Auburn Motor Sales		P.O. Box, Bldg., Room No., if any P.O. Box 500	
Trade Name Rowe Auburn		Street	
Attention To: Wallace <input type="checkbox"/> Camp, Jr.		City Auburn	
Title		State Maine ZIP Code + 4 04212-0500	
5.b. Termination Date Ongoing		5.c. Amount 3,868	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Bayside Distributing, Inc		P.O. Box, Bldg., Room No., if any P.O. Box 710	
Trade Name		Street	
Attention To: Mark <input type="checkbox"/> McCaddin		City Epping	
Title		State New Hampshire ZIP Code + 4 03042-0710	
5.b. Termination Date Ongoing		5.c. Amount 4,867	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Bellavance Beverage Company, Inc		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 120 Northwest Boulevard	
Attention To: Joseph <input type="checkbox"/> Bellavance, Sr.		City Nashua	
Title President		State New Hampshire ZIP Code + 4 03063-4006	
5.b. Termination Date Ongoing		5.c. Amount 3,177	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Coca-Cola Bottling Co. of No. New England		P.O. Box, Bldg., Room No., if any Suite 330	
Trade Name		Street 1 Executive Park Drive	
Attention To: Lawrence <input type="checkbox"/> Lordi		City Bedford	
Title President		State New Hampshire ZIP Code + 4 03110-6913	
5.b. Termination Date Ongoing		5.c. Amount 133,144	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Cumberland County Federal Credit Union		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 101 Gray Road	
Attention To: Karen <input type="checkbox"/> Rickett		City Falmouth	
Title Vice-President of Operations		State Maine ZIP Code + 4 04105-2029	
5.b. Termination Date Ongoing		5.c. Amount 7,907	

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 Down East Credit Union	P.O. Box, Bldg., Room No., if any P.O. Box 415		
Trade Name	Street		
Attention To: Bert Beaulieu	City Topsham		
Title President	State Maine	ZIP Code + 4	04086-0415
5.b. Termination Date Ongoing		5.c. Amount 6,602	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Federal Distributors, Inc	P.O. Box, Bldg., Room No., if any P.O. Box 2007		
Trade Name	Street		
Attention To: J P Spellman	City Lewiston		
Title	State Maine	ZIP Code + 4	04241-2007
5.b. Termination Date Ongoing		5.c. Amount 9,832	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Franklin-Somerset Federal Credit Union	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 26 Leavitt Street		
Attention To: Karen Greenleaf	City Skowhegan		
Title	State Maine	ZIP Code + 4	04976
5.b. Termination Date Ongoing		5.c. Amount 9,643	

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
5.b. Termination Date Ongoing		5.c. Amount 4,614	

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 P.O. Box 8600		
Trade Name	Street		
Attention To: Theodore Caouette	City Portland		
Title	State Maine	ZIP Code + 4	04104-8600
5.b. Termination Date Ongoing		5.c. Amount 26,618	

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 16550		
Trade Name	Street		
Attention To: Robert Koslowsky	City Hooksett		
Title	State New Hampshire	ZIP Code + 4	03106-6550
5.b. Termination Date Ongoing		5.c. Amount 19,564	

Name of Person Filing: Peter Bennett	File Number C- 00214
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5.a. Name and Address of Employer (including trade name, if any). Employer Hardwood Products Company, LLC Trade Name Attention To: Terrence Young Title President	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 149 Street City Guilford State Maine ZIP Code + 4 04443-0149
5.b. Termination Date Ongoing	5.c. Amount 5,744

5.a. Name and Address of Employer (including trade name, if any). Employer Holcim US Inc. Trade Name Attention To: Richard Winter Title HR Manager	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 122 Street 6211 Ann Arbor Road City Dundee State Michigan ZIP Code + 4 48131-0122
5.b. Termination Date Ongoing	5.c. Amount 170,511

5.a. Name and Address of Employer (including trade name, if any). Employer Lepage Bakeries, Inc. Trade Name Country Kitchen Bakeries Attention To: Andrew Barowsky Title President	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 1900 Street City Auburn State Maine ZIP Code + 4 04211-1900
5.b. Termination Date Ongoing	5.c. Amount 32,047

5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc Trade Name Attention To: Scott Solman Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street 5 Coffey Street City Bangor State Maine ZIP Code + 4 04401
5.b. Termination Date Ongoing	5.c. Amount 9,304

5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union Trade Name Attention To: Normand R Dubreuil Title President	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 5659 Street City Augusta State Maine ZIP Code + 4 04332-5659
5.b. Termination Date Ongoing	5.c. Amount 7,797

5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc Trade Name Attention To: Jeffrey D Kane Title President	Mailing Address: P.O. Box, Bldg., Room No., if any Street 116 Wallace Ave City South Portland State Maine ZIP Code + 4 04106-6144
5.b. Termination Date Ongoing	5.c. Amount 5,968

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	New Hampshire Distributors, Inc	P.O. Box, Bldg., Room No., if any	P.O. Box 267
Trade Name		Street	
Attention To:	C T Brown	City	Concord
Title	Chief Executive Officer	State	New Hampshire ZIP Code + 4 03302-0267
5.b. Termination Date Ongoing		5.c. Amount 13,998	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.F.B. Inc.	P.O. Box, Bldg., Room No., if any	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:	
Employer	Performance Food Group	P.O. Box, Bldg., Room No., if any	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 9,147	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Portland Water District	P.O. Box, Bldg., Room No., if any	P.O. Box 3553
Trade Name		Street	
Attention To:	David Kane	City	Portland
Title		State	Maine ZIP Code + 4 04104-3553
5.b. Termination Date Ongoing		5.c. Amount 50,703	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Rowe Ford Sales	P.O. Box, Bldg., Room No., if any	P.O. Box 109
Trade Name		Street	
Attention To:	Wallace Camp, Jr.	City	Portland
Title		State	Maine ZIP Code + 4 04104-0109
5.b. Termination Date Ongoing		5.c. Amount 11,487	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Sprague Operating Resources LLC	P.O. Box, Bldg., Room No., if any	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 56,549	

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.	
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5.a. Name and Address of Employer (including trade name, if any). Employer Valley Distributors, Inc. Trade Name Attention To: Michael Runser Title	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 8 Street City Oakland State Maine ZIP Code + 4 04963-0008
5.b. Termination Date Ongoing	5.c. Amount 6,684

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount 0

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount 0

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

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

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

C. Statement of Disbursements**7. Disbursements to Officers and Employers:**

(a) Name		(b) Salary	(c) Expenses	(d) Totals
Melissa	L Morrissette	8,084	0	8,084
Laurie	A Proctor	22,776	0	22,776
Karin	B Shupe	5,575	0	5,575
Joanne	I Simonelli	39,586	0	39,586
		0	0	0
		0		0

Organization: **The Bennett Law Firm, P.A.**
File Number: **C-00214**
For the Period Ending: **December 31, 2011**

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 show separately on our records. Thus, for the time period covered by this report, no Fomrs LM-10 or LM-20 have been 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 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.