

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



448411

1. File Number C- 00214	2. Period Covered By This Report From: 01/01/2010 Through: 12/31/2010
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A. Person Filing

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

Name Peter Bennett
Title Treasurer
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 [Signature] President
Title President
(If other title, see instructions)

On 3/17/2011 (207) 773-4775
Date Telephone Number

18. Signed [Signature] Treasurer
Title Treasurer
(If other title, see instructions)

On 3/17/2011 (207) 773-4775
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). Mailing Address:

Employer <input type="text" value="Aggregate Industries - NE Region - Inc."/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="1715 Broadway"/>
Attention To <input type="text" value="Richard"/> <input type="text" value="Winter"/>	City <input type="text" value="Saugus"/>
Title <input type="text" value="HR Manager"/>	State <input type="text" value="Massachusetts"/> ZIP Code + 4 <input type="text" value="01906-4703"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 804,543

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		
Meghan <input type="checkbox"/> H <input type="checkbox"/> Baldacci	479	0	479	9. Office and Administrative Expenses	249,125
Haley <input type="checkbox"/> L <input type="checkbox"/> Bennett	120	0	120	10. Publicity	12,959
Jeffrey <input type="checkbox"/> <input type="checkbox"/> Bennett	107,592	78	107,670	11. Fees for Professional Services	39,644
Peter <input type="checkbox"/> <input type="checkbox"/> Bennett	184,079	4,052	188,131	12. Loans Made	0
Charles <input type="checkbox"/> J <input type="checkbox"/> Carbonneau	22,800	27	22,827	13. Other Disbursements	0
8. Total disbursements to officers and employees:				495,961	14. Total Disbursements (Sum of Items 8-13) 797,689

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 Amoskeag Beverages, LLC	P.O. Box, Bldg., Room No., if any P.O. Box 6540		
Trade Name	Street		
Attention To: Thomas A Bullock	City Manchester		
Title	State New Hampshire	ZIP Code + 4	03108-6540
5.b. Termination Date Ongoing		5.c. Amount 7,681	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Associated Grocers of New England, Inc.	P.O. Box, Bldg., Room No., if any P.O. Box 6000		
Trade Name	Street		
Attention To: Steven 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 16,583	

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 Camp, Jr.	City Auburn		
Title	State Maine	ZIP Code + 4	04212-0500
5.b. Termination Date Ongoing		5.c. Amount 4,175	

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 McCaddin	City Epping		
Title	State New Hampshire	ZIP Code + 4	03042-0710
5.b. Termination Date Ongoing		5.c. Amount 3,046	

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 P.O. Box 6007		
Trade Name	Street		
Attention To: Joseph Bellavance, Sr.	City Nashua		
Title President	State New Hampshire	ZIP Code + 4	03063-6007
5.b. Termination Date Ongoing		5.c. Amount 2,762	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Bell Enterprises, Inc.	P.O. Box, Bldg., Room No., if any		
Trade Name Calais IGA	Street 200 North Street		
Attention To: Kathy Bell	City Calais		
Title	State Maine	ZIP Code + 4	04619-1620
5.b. Termination Date Ongoing		5.c. Amount 1,500	

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 Charles George Companies, Inc.	P.O. Box, Bldg., Room No., if any P.O. Box 857		
Trade Name	Street		
Attention To: Robert J Eisenberg	City Londonderry		
Title President	State New Hampshire	ZIP Code + 4	03053-0857
5.b. Termination Date Ongoing		5.c. Amount 4,310	

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 Lordi	City Bedford		
Title President	State New Hampshire	ZIP Code + 4	03110-6913
5.b. Termination Date Ongoing		5.c. Amount 79,435	

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 Rickett	City Falmouth		
Title Vice-President of Operations	State Maine	ZIP Code + 4	04105-2029
5.b. Termination Date Ongoing		5.c. Amount 2,462	

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 8,671	

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 4,497	

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 3,025	

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>Frannie Peabody House</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <u>335 Valley Street</u>	
Attention To: <u>Lorena</u> <u>Delcourt</u>		City <u>Portland</u>	
Title		State <u>Maine</u> ZIP Code + 4 <u>04102-3010</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>2,705</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Goodwill Industries of Northern New England</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		P.O. Box <u>8600</u>	
Attention To: <u>Theodore</u> <u>Caouette</u>		Street	
Title		City <u>Portland</u>	
		State <u>Maine</u> ZIP Code + 4 <u>04104-8600</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>44,412</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Great State Beverages, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		P.O. Box <u>16550</u>	
Attention To: <u>Robert</u> <u>Koslowsky</u>		Street	
Title		City <u>Hooksett</u>	
		State <u>New Hampshire</u> ZIP Code + 4 <u>03106-6550</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>43,399</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Hardwood Products Company, LLC</u>		P.O. Box, Bldg., Room No., if any	
Trade Name		P.O. Box <u>149</u>	
Attention To: <u>Terrence</u> <u>Young</u>		Street	
Title <u>President</u>		City <u>Guilford</u>	
		State <u>Maine</u> ZIP Code + 4 <u>04443-0149</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>4,603</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Lafayette Inn By the Bay, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Holiday Inn By the Bay</u>		Street <u>88 Spring Street</u>	
Attention To: <u>Gustave</u> <u>H</u> <u>Tillman, Jr.</u>		City <u>Portland</u>	
Title <u>General Manager</u>		State <u>Maine</u> ZIP Code + 4 <u>04101</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>5,333</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Lepage Bakeries, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Country Kitchen Bakeries</u>		P.O. Box <u>1900</u>	
Attention To: <u>Andrew</u> <u>Barowsky</u>		Street	
Title <u>President</u>		City <u>Auburn</u>	
		State <u>Maine</u> ZIP Code + 4 <u>04211-1900</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>32,196</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 Lois' Natural Marketplace, Inc.	P.O. Box, Bldg., Room No., if any Box 15		
Trade Name	Street 152 U.S. Route One		
Attention To: Dan Porta	City Scarborough		
Title	State Maine ZIP Code + 4 04074-8367		
5.b. Termination Date Ongoing		5.c. Amount 2,051	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Maine Distributors, Inc.	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 5 Coffee Street		
Attention To: Scott Solmon	City Bangor		
Title	State Maine ZIP Code + 4 04401-5757		
5.b. Termination Date Ongoing		5.c. Amount 5,443	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Maine State Credit Union	P.O. Box, Bldg., Room No., if any 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 1,852	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer National Distributors, Inc.	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 116 Wallace Avenue		
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 2,741	

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 16,624	

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	

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 Performance Food Group	P.O. Box, Bldg., Room No., if any P.O. Box 2628		
Trade Name Northcenter Foodservice	Street		
Attention To: Greg Piper	City Augusta		
Title President	State Maine	ZIP Code + 4	04338-2628
5.b. Termination Date Ongoing		5.c. Amount 6,202	

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 29,504	

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 7,912	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sprague Energy Corporation	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 12,896	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Synernet, Inc.	P.O. Box, Bldg., Room No., if any Suite 329		
Trade Name	Street 222 St. John Street		
Attention To: Becky Barrows	City Portland		
Title	State Maine	ZIP Code + 4	04102-3071
5.b. Termination Date Ongoing		5.c. Amount 2,731	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer University of New England	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 11 Hills Beach Road		
Attention To: Nicole Trufant	City Biddeford		
Title	State Maine	ZIP Code + 4	04005-9525
5.b. Termination Date Ongoing		5.c. Amount 196,123	

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:

<p>Employer Valley Distributors, Inc.</p> <p>Trade Name </p> <p>Attention To: Michael Runser</p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any P.O. Box 8</p> <p>Street </p> <p>City Oakland</p> <p>State Maine ZIP Code + 4 04963-0008</p>
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5.b. Termination Date Ongoing 5.c. Amount 6,229

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

<p>Employer </p> <p>Trade Name </p> <p>Attention To: </p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>
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5.b. Termination Date 5.c. Amount

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

<p>Employer </p> <p>Trade Name </p> <p>Attention To: </p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>
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5.b. Termination Date 5.c. Amount

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

<p>Employer </p> <p>Trade Name </p> <p>Attention To: </p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>
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5.b. Termination Date 5.c. Amount

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

<p>Employer </p> <p>Trade Name </p> <p>Attention To: </p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>
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5.b. Termination Date 5.c. Amount

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

<p>Employer </p> <p>Trade Name </p> <p>Attention To: </p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>
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5.b. Termination Date 5.c. Amount

7. Disbursements to Officers and Employers:

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Organization: **The Bennett Law Firm, P.A.**
File Number: **C-00214**
For the Period Ending: **December 31, 2010**

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 these 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 receipts were maintained:

- Amoskeag Beverages, LLC: Forms LM-10 and LM-20 filed for Fiscal Year Ending 12/31/2010
- Lafayette Inn By the Bay, Inc., d/b/a Holiday Inn By the Bay: Forms LM-10 and LM-20 filed for Fiscal Year Ending 12/31/2010
- University of New England: Form LM-10 for Fiscal Year Ending 05/31/2010 and Form LM-20 for Fiscal Year Ending 12/31/2009

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 48% of the firm's total receipts for the time period covered by this report. As such, we have allocated 48% of our total disbursements for Items 7 – 14 accordingly.