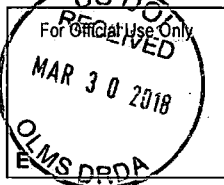


FORM LM-21

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

671570

1. File Number C- <input type="text" value="00214"/>	2. Period Covered By This Report Month/Day/Year (mm/dd/yyyy) From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2017"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
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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="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"/>	4. Any other address where records necessary to verify this report are kept: Name <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"/> ZIP Code + 4 <input type="text"/>

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"/> / <input type="text" value="19"/> / <input type="text" value="2018"/> <input type="text" value="(207) 773-4775"/> Date Telephone Number	18. Signed Title <input type="text" value="Treasurer"/> On <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2018"/> <input type="text" value="(207) 773-4775"/> Date Telephone Number
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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).

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

Trade Name Street

Attention To City

Title State ZIP Code + 4

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 793,370

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
Ashley <input type="text" value="E"/> <input type="text" value="Arfa"/>	<input type="text" value="25,200"/>	<input type="text" value="0"/>	25,200
Peter <input type="text" value="Bennett"/>	<input type="text" value="303,840"/>	<input type="text" value="0"/>	303,840
Charles <input type="text" value="J"/> <input type="text" value="Carbonneau"/>	<input type="text" value="27,734"/>	<input type="text" value="0"/>	27,734
Frederick <input type="text" value="B"/> <input type="text" value="Finberg"/>	<input type="text" value="148,140"/>	<input type="text" value="0"/>	148,140
Laurie <input type="text" value="A"/> <input type="text" value="Proctor"/>	<input type="text" value="20,340"/>	<input type="text" value="0"/>	20,340
8. Total disbursements to officers and employees:			615,819

9. Office and Administrative Expenses	<input type="text" value="153,791"/>
10. Publicity	<input type="text" value="16,523"/>
11. Fees for Professional Services	<input type="text" value="35,818"/>
12. Loans Made	<input type="text" value="0"/>
13. Other Disbursements	<input type="text" value="0"/>
14. Total Disbursements (Sum of Items 8-13)	<input type="text" value="821,951"/>

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 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 Arc Logistics Partners		P.O. Box, Bldg., Room No., if any	
Trade Name Arc Terminals		Floor 1901	
Attention To: Steven C Schneider		Street 725 Fifth Avenue	
Title		City New York	
		State New York ZIP Code + 4 10022-2527	
5.b. Termination Date Ongoing		5.c. Amount 12,021	

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	
Trade Name		P.O. Box 6000	
Attention To: Steven Murphy		Street	
Title Sr. V.P. Finance & Administration		City Pembroke	
		State New Hampshire ZIP Code + 4 03275-6000	
5.b. Termination Date 10/02/2017		5.c. Amount 65,144	

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	
Trade Name Rowe Auburn		P.O. Box 500	
Attention To: Wallace Camp, Jr.		Street	
Title		City Auburn	
		State Maine ZIP Code + 4 04212-0500	
5.b. Termination Date Ongoing		5.c. Amount 8,074	

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	
Trade Name		P.O. Box 710	
Attention To: Mark McCaddin		Street	
Title		City Epping	
		State New Hampshire ZIP Code + 4 03042-0710	
5.b. Termination Date Ongoing		5.c. Amount 3,194	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Belavance Beverage Company, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1000 Quality Drive	
Attention To: Joseph Bellavance, Sr.		City Hookset	
Title		State New Hampshire ZIP Code + 4 03106-2625	
5.b. Termination Date Ongoing		5.c. Amount 14,883	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Benevento Sand & Stone Corp.		P.O. Box, Bldg., Room No., if any	
Trade Name		P.O. Box 454	
Attention To: Robert Peckham		Street	
Title		City Wilmington	
		State Massachusetts ZIP Code + 4 01887-0454	
5.b. Termination Date Ongoing		5.c. Amount 14,514	

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 Coca-Cola Bottling Co. of No. New England</p> <p>Trade Name </p> <p>Attention To: Mark Francoeur</p> <p>Title President</p>	<p>P.O. Box, Bldg., Room No., if any Suite 330</p> <p>Street 1 Executive Park</p> <p>City Bedford</p> <p>State New Hampshire ZIP Code + 4 03110-6913</p>
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5.b. Termination Date Ongoing 5.c. Amount 262,246

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

<p>Employer Creative Work Systems</p> <p>Trade Name </p> <p>Attention To: Stephen Hawkes</p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any </p> <p>Street 10 Spiers Street</p> <p>City Westbrook</p> <p>State Maine ZIP Code + 4 04092-4122</p>
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5.b. Termination Date Ongoing 5.c. Amount 12,117

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

<p>Employer Crystal Motor Express, Inc.</p> <p>Trade Name </p> <p>Attention To: Charles Masiella</p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any </p> <p>Street 10 Kimball Lane</p> <p>City Lynnfield</p> <p>State Massachusetts ZIP Code + 4 01940-2617</p>
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5.b. Termination Date Ongoing 5.c. Amount 817

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

<p>Employer Cumberland Country Federal Credit Union</p> <p>Trade Name </p> <p>Attention To: Karen Smith</p> <p>Title Chief Operating Officer</p>	<p>P.O. Box, Bldg., Room No., if any </p> <p>Street 101 Gray Road</p> <p>City Falmouth</p> <p>State Maine ZIP Code + 4 04105-2029</p>
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5.b. Termination Date Ongoing 5.c. Amount 7,275

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

<p>Employer Down East Credit Union</p> <p>Trade Name </p> <p>Attention To: Donna Cochran</p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any P.O. Box 130</p> <p>Street </p> <p>City Baileysville</p> <p>State Maine ZIP Code + 4 04694-0130</p>
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5.b. Termination Date Ongoing 5.c. Amount 10,075

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

<p>Employer Federal Distributors, Inc.</p> <p>Trade Name </p> <p>Attention To: John Cronin</p> <p>Title </p>	<p>P.O. Box, Bldg., Room No., if any P.O. Box 2007</p> <p>Street </p> <p>City Lewiston</p> <p>State Maine ZIP Code + 4 04241-2007</p>
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5.b. Termination Date 12/31/2017 5.c. Amount 7,763

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="Flowers Foods, Inc."/>	P.O. Box, Bldg., Room No., if any <input type="text" value="P.O Box 1900"/>		
Trade Name <input type="text" value="Lepage Bakeries"/>	Street <input type="text"/>		
Attention To: <input type="text" value="Michael"/> <input type="checkbox"/> <input type="text" value="McCall"/>	City <input type="text" value="Auburn"/>		
Title <input type="text" value="President"/>	State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04211-1900"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="76,779"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Franklin-Somerset Federal Credit Union"/>	P.O. Box, Bldg., Room No., if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text" value="26 Leavitt Street"/>		
Attention To: <input type="text" value="Karen"/> <input type="checkbox"/> <input type="text" value="Greenleaf"/>	City <input type="text" value="Skowhegan"/>		
Title <input type="text"/>	State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04976-1842"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="3,360"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Frannie Peabody House"/>	P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 311"/>		
Trade Name <input type="text"/>	Street <input type="text" value="30 Danforth Street"/>		
Attention To: <input type="text" value="Lorena"/> <input type="checkbox"/> <input type="text" value="Delcourt"/>	City <input type="text" value="Portland"/>		
Title <input type="text"/>	State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04101-4502"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="4,816"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Gagliarducci Construction, Inc."/>	P.O. Box, Bldg., Room No., if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text" value="295 Pasco Road"/>		
Attention To: <input type="text" value="Jerry"/> <input type="checkbox"/> <input type="text" value="Gagliarducci"/>	City <input type="text" value="Springfield"/>		
Title <input type="text"/>	State <input type="text" value="Massachusetts"/> ZIP Code + 4 <input type="text" value="01151-1964"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="90"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Genest Concrete Works, Inc."/>	P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. Box 151"/>		
Trade Name <input type="text"/>	Street <input type="text"/>		
Attention To: <input type="text" value="Michael"/> <input type="checkbox"/> <input type="text" value="R Genest"/>	City <input type="text" value="Sanford"/>		
Title <input type="text"/>	State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04073-0151"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="2,478"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Goodwill Industries of Northern New England"/>	P.O. Box, Bldg., Room No., if any <input type="text" value="Unit 1"/>		
Trade Name <input type="text"/>	Street <input type="text" value="34 Hutcherson Drive"/>		
Attention To: <input type="text" value="Jeri"/> <input type="checkbox"/> <input type="text" value="Lollini"/>	City <input type="text" value="Gorham"/>		
Title <input type="text"/>	State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04038-2750"/>		
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="33,468"/>	

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>Great State Beverages, Inc.</u>	P.O. Box, Bldg., Room No., if any <u>P.O. Box 16650</u>		
Trade Name <u></u>	Street <u></u>		
Attention To: <u>Robert</u> <input type="checkbox"/> <u>Koslowsky</u>	City <u>Hooksett</u>		
Title <u></u>	State <u>New Hampshire</u> ZIP Code + 4 <u>03106-6550</u>		
5.b. Termination Date <u>12/31/2017</u>		5.c. Amount <u>4,368</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Green Line Group, Inc.</u>	P.O. Box, Bldg., Room No., if any <u>Suite 303</u>		
Trade Name <u></u>	Street <u>3 Allied Drive</u>		
Attention To: <u>Paul</u> <input type="checkbox"/> <u>Goldman</u>	City <u>Dedham</u>		
Title <u></u>	State <u>Massachusetts</u> ZIP Code + 4 <u>02026-6149</u>		
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>65,274</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 <u>P.O. Box 149</u>		
Trade Name <u></u>	Street <u></u>		
Attention To: <u>Terrance</u> <input type="checkbox"/> <u>Young</u>	City <u>Guilford</u>		
Title <u>President</u>	State <u>Maine</u> ZIP Code + 4 <u>04443-0149</u>		
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>3,167</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Holcim (US), Inc.</u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u>Aggregate Industries - NE Region</u>	Street <u>1715 Broadway</u>		
Attention To: <u>Carla</u> <input type="checkbox"/> <u>Shattuck</u>	City <u>Saugus</u>		
Title <u></u>	State <u>Massachusetts</u> ZIP Code + 4 <u>01906-4703</u>		
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>1,522</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>J F White Contracting Co.</u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u>10 Burr Street</u>		
Attention To: <u>Ed</u> <input type="checkbox"/> <u>Taylor</u>	City <u>Framingham</u>		
Title <u></u>	State <u>Massachusetts</u> ZIP Code + 4 <u>01701-4692</u>		
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>1,165</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Lois' Natural Marketplace, Inc.</u>	P.O. Box, Bldg., Room No., if any <u>Box 15</u>		
Trade Name <u></u>	Street <u>152 U.S. Route 1</u>		
Attention To: <u>Dan</u> <input type="checkbox"/> <u>Porta</u>	City <u>Scarborough</u>		
Title <u></u>	State <u>Maine</u> ZIP Code + 4 <u>04074-8365</u>		
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>3,189</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 <u>Maine Distributors, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>5 Coffey Street</u>	
Attention To: <u>Scott</u> <input type="checkbox"/> <u>Solman</u>		City <u>Bangor</u>	
Title <u></u>		State <u>Maine</u> ZIP Code + 4 <u>04401-5757</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>6,736</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Maine State Credit Union</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		P.O. Box <u>5659</u>	
Attention To: <u>Normand</u> <input type="checkbox"/> <u>R Dubreuil</u>		Street <u></u>	
Title <u></u>		City <u>Augusta</u>	
		State <u>Maine</u> ZIP Code + 4 <u>04332-5659</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>3,113</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Milestone Recovery</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>65 India Street</u>	
Attention To: <u>Robert</u> <input type="checkbox"/> <u>Fowler</u>		City <u>Portland</u>	
Title <u></u>		State <u>Maine</u> ZIP Code + 4 <u>04101-4209</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>4,818</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>National Distributors, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>116 Wallace Avenue</u>	
Attention To: <u>Timothy</u> <input type="checkbox"/> <u>Longstaff</u>		City <u>South Portland</u>	
Title <u>President</u>		State <u>Maine</u> ZIP Code + 4 <u>04106-6144</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>6,671</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>New Hampshire Distributors, LLC</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		P.O. Box <u>267</u>	
Attention To: <u>Christopher</u> <input type="checkbox"/> <u>T Brown</u>		Street <u></u>	
Title <u>Chief Executive Officer</u>		City <u>Concord</u>	
		State <u>New Hampshire</u> ZIP Code + 4 <u>03302-0267</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>17,601</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>P.F.B., Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Prunier's Market</u>		P.O. Box <u>137</u>	
Attention To: <u>William</u> <input type="checkbox"/> <u>Prunier</u>		Street <u></u>	
Title <u>Treasurer</u>		City <u>Bomoseen</u>	
		State <u>Vermont</u> ZIP Code + 4 <u>05732-0137</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>1,080</u>	

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).			
Employer <u>Performance Food Group</u> Trade Name <u>PFG Northcenter</u> Attention To: <u>David</u> <input type="checkbox"/> <u>Crowell</u> Title <u>President</u>		Mailing Address: P.O. Box, Bldg., Room No., if any <u>P.O. Box 2628</u> Street _____ City <u>Augusta</u> State <u>Maine</u> ZIP Code + 4 <u>04338-2628</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>7,782</u>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer <u>Pine State Trading Co.</u> Trade Name _____ Attention To: <u>Gena</u> <input type="checkbox"/> <u>Canning</u> Title _____		Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street <u>100 Enterprise Avenue</u> City <u>Gardiner</u> State <u>Maine</u> ZIP Code + 4 <u>04345-6249</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>9,403</u>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer <u>Portland Water District</u> Trade Name _____ Attention To: <u>Carrie</u> <input type="checkbox"/> <u>Lewis</u> Title <u>General Manager</u>		Mailing Address: P.O. Box, Bldg., Room No., if any <u>P.O. Box 3553</u> Street _____ City <u>Portland</u> State <u>Maine</u> ZIP Code + 4 <u>04104-3553</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>47,373</u>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer <u>Residential and Community Support Services</u> Trade Name _____ Attention To: <u>Christine</u> <input type="checkbox"/> <u>Tiernan</u> Title _____		Mailing Address: P.O. Box, Bldg., Room No., if any <u>Suite F</u> Street <u>1293 Main Street</u> City <u>Sanford</u> State <u>Maine</u> ZIP Code + 4 <u>04073-3773</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>4,950</u>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer <u>Rowe Ford Sales</u> Trade Name _____ Attention To: <u>Wallace</u> <input type="checkbox"/> <u>Camp, Jr.</u> Title _____		Mailing Address: P.O. Box, Bldg., Room No., if any <u>P.O. Box 109</u> Street _____ City <u>Westbrook</u> State <u>Maine</u> ZIP Code + 4 <u>04098-0109</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>13,422</u>	
5.a. Name and Address of Employer (including trade name, if any).			
Employer <u>Shalom House</u> Trade Name _____ Attention To: <u>Thomas</u> <input type="checkbox"/> <u>Rowan</u> Title _____		Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street <u>106 Gilman Street</u> City <u>Portland</u> State <u>Maine</u> ZIP Code + 4 <u>04102-3034</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>5,798</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 <input type="text" value="Sprague Operating Resources, LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="Sprague Energy"/>		Street <input type="text" value="185 International Drive"/>	
Attention To: <input type="text" value="J"/> <input type="text" value="P"/> <input type="text" value="Scoff"/>		City <input type="text" value="Portsmouth"/>	
Title <input type="text" value="VP, General Counsel, CCO"/>		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="27,995"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Town of Warren, Maine"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="167 Western Road"/>	
Attention To: <input type="text" value="William"/> <input type="text"/> <input type="text" value="Lawrence"/>		City <input type="text" value="Warren"/>	
Title <input type="text" value="Town Manager"/>		State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04864-4279"/>	
5.b. Termination Date <input type="text" value="10/31/2016"/>		5.c. Amount <input type="text" value="231"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Valley Distributors, Inc."/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text"/>	
Attention To: <input type="text" value="Michael"/> <input type="text"/> <input type="text" value="Runser"/>		City <input type="text" value="Oakland"/>	
Title <input type="text"/>		State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04963-0008"/>	
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="10,290"/>	

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

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

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

7. Disbursements to Officers and Employers:

[illegible]

Organization: **The Bennett Law Firm, P.A.**
File Number: **C-00214**
For the Period Ending: **December 31, 2017**

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 by Coca-Cola Bottling Company of Northern New England for Fiscal Year Ending 12/31/2017
- Forms LM-20 filed by The Bennett Law Firm, P.A. in regards to Coca-Cola Bottling Company of Northern New England for Fiscal Year Ending 12/31/2017

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 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.