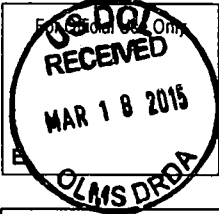


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

581190

1. File Number C- 00214	2. Period Covered By This Report From: 01/01/2014 Through: 12/31/2014
-------------------------	---

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 04101-7109

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 [Signature] Title President On 03/12/2015 (207) 773-4775 Date Telephone Number	18. Signed [Signature] Title Treasurer On 03/12/2015 (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 6,052

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 676,427

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	210,285	0	210,285	9. Office and Administrative Expenses	174,044
Charles	J	Carbonneau	28,575	0	28,575	10. Publicity	16,202
Frederick	B	Finberg	132,660	0	132,660	11. Fees for Professional Services	31,235
Laurie	A	Proctor	23,096	0	23,096	12. Loans Made	0
Joanne	I	Simonelli	36,036	0	36,036	13. Other Disbursements	0
8. Total disbursements to officers and employees:					430,652	14. Total Disbursements (Sum of Items 8-13)	652,133

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

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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 Arc Terminals	P.O. Box, Bldg., Room No., if any Suite 250		
Trade Name	Street 3000 Research Forest Drive		
Attention To: John <input type="checkbox"/> Didier <input type="checkbox"/>	City The Woodlands		
Title	State Texas ZIP Code + 4 77381-4385		
5.b. Termination Date Ongoing		5.c. Amount 41,656	

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 <input type="checkbox"/>	City Pembroke		
Title Sr. V.P. Finance & Administration	State New Hampshire ZIP Code + 4 03275-6000		
5.b. Termination Date Ongoing		5.c. Amount 43,605	

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. <input type="checkbox"/>	City Auburn		
Title	State Maine ZIP Code + 4 04212-0500		
5.b. Termination Date Ongoing		5.c. Amount 6,814	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Baltazar Contractors, Inc.	P.O. Box, Bldg., Room No., if any 83 Carmelinas Circle		
Trade Name	Street		
Attention To: Dinis <input type="checkbox"/> Baltazar <input type="checkbox"/>	City Ludlow		
Title	State Massachusetts ZIP Code + 4 01056-3161		
5.b. Termination Date Ongoing		5.c. Amount 814	

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 <input type="checkbox"/>	City Epping		
Title	State New Hampshire ZIP Code + 4 03042-0710		
5.b. Termination Date Ongoing		5.c. Amount 2,549	

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. <input type="checkbox"/>	City Nashua		
Title	State New Hampshire ZIP Code + 4 03063-4006		
5.b. Termination Date Ongoing		5.c. Amount 9,920	

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 Benevento Sand & Stone Corp.	P.O. Box, Bldg., Room No., if any P.O. Box 454		
Trade Name	Street		
Attention To: Robert Peckham	City Wilmington		
Title	State Massachusetts	ZIP Code + 4	01887-0454
5.b. Termination Date Ongoing		5.c. Amount 1,169	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Borggaard Construction Corp.	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 70 Creeper Hill Road		
Attention To: Robert Tefft	City North Grafton		
Title	State Massachusetts	ZIP Code + 4	01536-1444
5.b. Termination Date Ongoing		5.c. Amount 285	

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: Mark Francoeur	City Bedford		
Title President	State New Hampshire	ZIP Code + 4	03110-6913
5.b. Termination Date Ongoing		5.c. Amount 166,105	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Construction Industries of Massachusetts	P.O. Box, Bldg., Room No., if any Suite 403		
Trade Name	Street 1661 Worcester Road		
Attention To:	City Framingham		
Title	State Massachusetts	ZIP Code + 4	01701-5401
5.b. Termination Date		5.c. Amount 41,348	

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 Smith	City Falmouth		
Title Chief Operating Officer	State Maine	ZIP Code + 4	04105-2029
5.b. Termination Date Ongoing		5.c. Amount 5,772	

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 130		
Trade Name	Street		
Attention To: Donna Cochran	City Baileyville		
Title	State Maine	ZIP Code + 4	04694-0130
5.b. Termination Date Ongoing		5.c. Amount 8,062	

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	Federal Distributors, Inc.	P.O. Box, Bldg., Room No., if any	P.O. Box 2007
Trade Name		Street	
Attention To:	John Cronin	City	Lewiston
Title		State	Maine ZIP Code + 4 04241-2007
5.b. Termination Date Ongoing		5.c. Amount 3,805	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Flowers Foods, Inc.	P.O. Box, Bldg., Room No., if any	P.O. Box 1900
Trade Name	Lepage Bakeries	Street	
Attention To:	Michael McCall	City	Auburn
Title	President	State	Maine ZIP Code + 4 04211-1900
5.b. Termination Date Ongoing		5.c. Amount 30,670	
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 04976-1842
5.b. Termination Date Ongoing		5.c. Amount 3,025	
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 6,032	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Gagliarducci Construction, Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	295 Pasco Road
Attention To:	Jerry Gagliarducci	City	Springfield
Title		State	Massachusetts ZIP Code + 4 01151-1964
5.b. Termination Date Ongoing		5.c. Amount 1,422	
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	Unit 1
Trade Name		Street	34 Hutcherson Drive
Attention To:	Susan Smith	City	Gorham
Title		State	Maine ZIP Code + 4 04038-2750
5.b. Termination Date Ongoing		5.c. Amount 20,500	

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 <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>Hookset</u>		
Title <u></u>	State <u>New Hampshire</u> ZIP Code + 4 <u>03106-6550</u>		
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>23,907</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>6,377</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>Richard</u> <input type="checkbox"/> <u>Winter</u>	City <u>Saugus</u>		
Title <u>HR Manager</u>	State <u>Massachusetts</u> ZIP Code + 4 <u>01906-4703</u>		
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>48,489</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>3,044</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>J.H. Maxymillian, Inc.</u>	P.O. Box, Bldg., Room No., if any <u></u>		
Trade Name <u></u>	Street <u>1801 East Street</u>		
Attention To: <u>John</u> <input type="checkbox"/> <u>Lake</u>	City <u>Pittsfield</u>		
Title <u></u>	State <u>Massachusetts</u> ZIP Code + 4 <u>01201-3859</u>		
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>366</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>6,538</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).		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>4,865</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</u> <u>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>1,870</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>Jeffrey</u> <input type="checkbox"/> <u>D</u> <u>Kane</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>7,205</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</u> <u>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>19,333</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>990</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Performance Food Group</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>PFG Northcenter</u>		P.O. Box <u>2628</u>	
Attention To: <u>David</u> <input type="checkbox"/> <u>Crowell</u>		Street <u></u>	
Title <u>President</u>		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>16,199</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).		Mailing Address:	
Employer Rowe Ford Sales	P.O. Box, Bldg., Room No., if any P.O. Box 109		
Trade Name	Street		
Attention To: Wallace	City Westbrook		
Title	State Maine	ZIP Code + 4 04098-0109	
5.b. Termination Date Ongoing		5.c. Amount 9,070	

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		
Trade Name Sprague Energy	Street 185 International Drive		
Attention To: J	City Portsmouth		
Title	State New Hampshire	ZIP Code + 4 03801-6836	
5.b. Termination Date Ongoing		5.c. Amount 65,930	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sure Winner Foods, Inc.	P.O. Box, Bldg., Room No., if any 2 Lehner Road		
Trade Name	Street		
Attention To: Mark	City Saco		
Title President	State Maine	ZIP Code + 4 04072-1836	
5.b. Termination Date Ongoing		5.c. Amount 56,550	

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	City Oakland		
Title	State Maine	ZIP Code + 4 04963-0008	
5.b. Termination Date Ongoing		5.c. Amount 6,089	

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	