U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 03-31-2019

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, Regular 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)

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CMS DEPR

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

645602

1 . File Number C- 00214	2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy)	
	By Inis Report	
	From: 01 / 01 / 2016 Through: 12 / 31 / 2016	
A. Person Filing		
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:	
Name Peter Bennett	Name	
Title President	Title	
Organization The Bennett Law Firm, P.A.	Organization	
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any	
Suite 300		
Street 121 Middle Street Street Street		
City Portland	City LANGE LANGE TO THE COLUMN	
State Maine ZIP Code + 4 04101-7109	State ZIP Code + 4	
Sign	atures \	
Each of the undersigned declares, under penalty of perjury and other applicable penalty	ies of law, that all of the information submitted in this report (including the	
information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	e signatory and is, to the best of the undersigned's knowledge and belief, true,	
17. Signed President	18. Signed Treasurer	
(if other title, see	(If other title, see	
Title President instructions)	Title Treasurer instructions)	
03 / 21 / 2017 (207) 773-4775	On 03 / 21 / 2017 (207) 773-4775	
On Date Telephone Number	Date Telephone Number	

me of Person Filing: Peter Bennett			File Number C- 00214	File Number C- 00214	
B. Statement of Receipts Report all receipts from employers or services.	in connection with	labor relatior	s advice or services regardless of the purpor	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).			lailing Address:		
P.O. Box, Building and Room Employer Amoskeag Beverages, LLC P.O. Box 114			O. Box 1148		
Trade Name		Street 2.4			
Attention To Thomas A Bullock		City Concord			
Title		State New Hampshire ZIP Code + 4 03302-1			
	,		ALCONOMICS CONTRACTOR OF THE PROPERTY OF THE P		
5.b. Termination Date Ongoing		5.c. Amoun	7,,151		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,043,2	32		. ,		
C. Statement of Disbursements Report all disbursements	made by the repo	rting organiz	ation in connection with labor relations advice	e or services rendered	
to the employers listed in	Part B.				
Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (d) T	otals			
Ashley E Arra 10,553	3 0	10,553	9. Office and Administrative Expenses	230,744	
Peter Bennett	. 0	357,011	10. Publicity	23,757	
Charles J Carbonneau 35,869	0 3 3 4 4	35,869	11. Fees for Professional Services	29,681	
Stuart W Evans 7,062		7,062		0	
Frederick B Finberg 232,121	100	232,121	13. Other Disbursements	. 234 0	
8. Total disbursements to officers and employees:		733,181	14. Total Disbursements (Sum of Items 8-13)	1,017,363	
•					
D. Schedule of Disbursements for Reportable Activity		e to report or	ly disbursements made for the purposes des	scribed in Part D of the	
	instructions.	Ash Toda	Manager Manage		
15.a. Employer Name:		15.D. Trade	Name, If any:		
15.c. To Whom Paid		15.d. Amou			
			Parameter and an analysis of the second analysis of the second analysis of the second and an analysis of the second and an ana		
	Name 15.e. Purpose			2946	
Title			Line Elling Septim		
Organization					
P.O. Boy Building and Boom Number if any		- X415			
P.O. Box, Building and Room Number, if any					
Street Street					
City					
State Washington ZIP Code + 4 Z				A Charles C	
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 Logistics Partners	P.O. Box, Bldg., Room No., if any Floor 1901			
Trade Name Arc Terminals	Street 725 Fifth Avenue			
Attention To: Steven C Schneider	City New York			
Title	State New York ZIP Code + 4 10022-2527			
5.b. Termination Date Ongoling	5.c. Amount 93,:509			
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, Inc.	P.O. BOX 6000			
Trade Name	Street 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 51,247			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any			
Employer Auburn Motor Sales	P.O. Box 500			
Trade Name Rowe Auburn	Street			
Attention To: Wallace	City Auburn			
Title	State Maine ZIP Code + 4 04212-0500			
5.b. Termination Date Ongoing	5.c. Amount 6,7773			
5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 6,773			
5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 6,773			
	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc.	5.c. Amount 6,773 Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark McCaddin	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710 Street City Epping			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark Title	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042-0710 5.c. Amount 2,280 Mailing Address:			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark McCaddin Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042-0710 5.c. Amount 2,280			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark Title 5.b. Termination Date Ongoing	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042-0710 5.c. Amount 2,280 Mailing Address: P.O. Box, Bidg., Room No., if any			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Belavance Beverage Company, Inc.	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042=0710 Mailing Address: P.O. Box, Bidg., Room No., if any			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Belavance Beverage Company, Inc. Trade Name	Mailing Address: P.O. Box, Bldq., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042=0710 Mailing Address: P.O. Box 710 Street 1000 Quality Drive			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark McCaddin Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Belavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr.	Mailing Address: P.O. Box, Bldq., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042=0710 Mailing Address: P.O. Box 710 Street 1000 Quality Drive City Hookset			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark McCaddin Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Belavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr.	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box. 710 Street City Epping State New Hampshire ZIP Code + 4 03042-0710 5.c. Amount 2,280 Mailing Address: P.O. Box, Bidg., Room No., if any Street 1000 Quality Drive City Hookset State New Hampshire ZIP Code + 4 03106-2625 5.c. Amount 4,585			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark McCaddin Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Belavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042-0710 5.c. Amount 2,280 Mailing Address: P.O. Box, Bidg., Room No., if any Street 1000 Quality Drive City Hookset State New Hampshire ZIP Code + 4 03106-2625 5.c. Amount 4,585			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark McCaddin Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Belavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box. 710 Street City Epping State New Hampshire ZIP Code + 4 03042-0710 5.c. Amount 2,280 Mailing Address: P.O. Box, Bidg., Room No., if any Street 1000 Quality Drive City Hookset State New Hampshire ZIP Code + 4 03106-2625 5.c. Amount 4,585			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark McCaddin Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Belavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp.	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042=0710 5.c. Amount 2,280 Mailing Address: P.O. Box. Bidg., Room No., if any Street 1000 Quality Drive City Hookset State New Hampshire ZIP Code + 4 03106-2625 5.c. Amount 4,585 Mailing Address: P.O. Box. Bidg., Room No., if any P.O. Box. Bidg., Room No., if any P.O. Box. 454			
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc. Trade Name Attention To: Mark McCaddin Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Belavance Beverage Company, Inc. Trade Name Attention To: Joseph Bellavance, Sr. Title 5.b. Termination Date Ongoing* 5.a. Name and Address of Employer (including trade name, if any). Employer Benevento Sand & Stone Corp. Trade Name	Mailing Address: P.O. Box, Bidg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042=0710 5.c. Amount 2,280 Mailing Address: P.O. Box, Bidg., Room No., if any Street 1000 Quality Drive City Hookset State New Hampshire ZIP Code + 4 03106=2625 5.c. Amount 4,585 Mailing Address: P.O. Box, Bidg., Room No., if any			

Name of Person F	iling: 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 Ad	dress of Employer (including trade name, if any).	D O D	Mailing Addres	
Employer Co	oca Cola Botting Co. of No. New England	Р.О. В	ox, Bldg., Room N Suite 330	
Trade Name	TOP AND THE STATE OF THE STATE		1 Executive	Park
Attention To:	Mark Francoeur Francoeur	City	Bedford	** **********************************
Title	President	State	New Hampshi	re, ZIP Code + 4 03110-6913.
5.b. Termination D	Date Ongoing	5.c. Amo	ount 133,639	
5.a. Name and Ad	dress of Employer (including trade name, if any).	P.O. B	Mailing Addres	
Employer C1	reative Work Systems		K.	
Trade Name		Street	10 Spiers S	treet
Attention To:	Stephen Hawkes	City	Westbrook	
Title		State	Maine	ZIP Code + 4 04092-4122
5.b. Termination [Date Ongoing	5.c. Amo	ount 5,272	
5.a. Name and Ad	dress of Employer (including trade name, if any).	D O D	Mailing Addres	
Employer C1	ystal Motor Express, Inc.	P.O. B	ox, Blda., Room N	O., IT any
Trade Name		Street	10 Kimball	Lane
	Charles Masiella	City	Lynnfield	
Title		State	Massachuset	ZIP Code + 4 01940-2617
5.b. Termination E	Oate Ongoing	5.c. Amo	ount 82,715	
5.a. Name and Ad	dress of Employer (including trade name, if any).		Mailing Addres	
Employer Cu	mberland Country Federal Credit Union	P.O. B	ox, Bldg., Room N	o., if any
Trade Name		Street	101 Gray Ro	ad
Q#	Karen Smith	City	Falmouth	
Title	Chief Operating Officer	01-1	Maine	ZIP Code + 4 04105-2029
5.b. Termination D	Date Ongoing	5.c. Amo	ount 5,307	
5.a. Name and Ad	dress of Employer (including trade name, if any).		Mailing Addres	1
Employer Do	wn East Credit Union	P.Q. B	ox. Bldg., Room N P.O. Box 13	
Trade Name		Street		
	Donna Cochran	City	Baileyville	
Title		State	Maine	ZIP Code + 4 04694 -0130
5.b. Termination D	Oate Ongoing	5.c. Amo	ount 4,,014	
5.a. Name and Ad	dress of Employer (including trade name, if any).	D O P	Mailing Addres	
Employer Fe	deral Distributors, Inc.		P.O. Box 20	
Trade Name		Street		
	John: Cronin	City	Lewiston	
Title		State	Maine	ZIP Code + 4 04241-2007
5 h Termination Γ	oate Ongoing	5.c. Amo	ount 11,854	**************************************

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 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 77,100		
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	. C. Box, Biog., Tooling, II ally		
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, 911		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Frannie Peabody House	P.O. Box, Blda., 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 5, 979		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer Goodwill Industries of Northern New Engla	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 34 Hutcherson Drive		
Attention To: Jeri Lollini	City Gorham		
Title Face of the line of the	State Maine ZIP Code + 4 04038-2750		
5.b. Termination Date Ongoing	5.c. Amount 40, 973		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Coost State Poyoused Tee	P.O. Box, Bldq., Room No., if any P.O. Box, 16650		
Employer Great State Beverages, Inc.			
Trade Name	Street		
Attention To: Robert Koslowsky	City FT 1		
Title	City Hookset State 2 7 12 Code + 4 022105 5550		
Title Title	State New Hampshire ZIP Code + 4 03106-6550		
Title 5.b. Termination Date 09/01/2016			
	State New Hampshire ZIP Code + 4 03106-6550 5.c. Amount 22,027 Mailing Address:		
5.b. Termination Date 09/01/2016 5.a. Name and Address of Employer (including trade name, if any).	State New Hampshire ZIP Code + 4 03106-6550 5.c. Amount 22,027		
5.b. Termination Date 09/01/2016	State New Hampshire ZIP Code + 4 03106-6550 5.c. Amount 22,027 Mailing Address: P.O. Box. Bldd., Room No., if any		
5.b. Termination Date 09/01/2016 5.a. Name and Address of Employer (including trade name, if any). Employer Green Line Group, Inc.	State New Hampshire ZIP Code + 4 03106-6550 5.c. Amount 22,027 Mailing Address: P.O. Box. Bidd., Room No., if any Suite 303		
5.b. Termination Date 09/01/2016 5.a. Name and Address of Employer (including trade name, if any). Employer Green Line Group, Inc. Trade Name	State New Hampshire ZIP Code + 4 03106-6550 5.c. Amount 22,027 Mailing Address: P.O. Box. Bldd., Room No., if any Suite 303 Street 3 Allied Drive		

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, Bldg., Room No., if any			
Employer Hardwood Products Company, LLC	P.O. Box 149			
Trade Name	Street			
Attention To: Terrance Young	City Guilford			
Title President	State Maine ZIP Code + 4 04443 € 0149			
5.b. Termination Date Ongoing	5.c. Amount 3, 515			
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.				
Trade Name Aggregate Industries - NE Region	Street 1715 Broadway			
Attention To: Carla Shattuck	City Saugus 1			
Title	State Massachusetts ZIP Code + 4 01906-4703			
5.b. Termination Date Ongoing	5.c. Amount 26, 110			
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 U.S. Route 1			
Attention To: Dan Porta	City Scarborough 2			
Title	State Maine ZIP Code + 4 04074-8365			
5.b. Termination Date Ongoing	5.c. Amount 1, 876			
5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
5.a. Name and Address of Employer (including trade name, if any).				
	Mailing Address:			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc.	Mailing Address: P.O. Box, Bldg., Room No., if any			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors; Inc. Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street 5 Coffey Street			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Scott Solman.	Mailing Address: P.O. Box, Bldg., Room No., if any Street 5 Coffey Street City Bangor			
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, Bidg., Room No., if any Street 5 Coffey Street City Bangor State Maine ZIP Code + 4 04401=5757 5.c. Amount 10,271 Mailing Address:			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Scott Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any Street 5 Coffey Street City Bangor State Maine ZIP Code + 4 04401=5757 5.c. Amount 10,271			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Scott Solman Title 5.b. Termination Date Ongoing	Mailing Address: P.O. Box, Bldg., Room No., if any Street 5: Coffey Street City Bangor State Maine ZIP Code + 4 04401=5757 5.c. Amount 10,271 Mailing Address: P.O. Box, Bldg., Room No., if any			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Scott Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union	Mailing Address: P.O. Box, Bldg., Room No., if any Street 5: Coffey Street City Bangor State Maine ZIP Code + 4 04401=5757 5.c. Amount 10,.271 Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box, 5659			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Scott Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street 5 Coffey Street City Bangor State Mailine ZIP Code + 4 04401=5757 5.c. Amount 10,271 Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 5659 Street			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Scott Solman Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Maine State Credit Union Trade Name Attention To: Normand R Dubreuil	Mailing Address: P.O. Box, Bldg., Room No., if any Street 5: Coffey Street City Bangor State Maine ZIP Code + 4 04401=5757 5.c. Amount 107,271 Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box, 5659 Street City Augusta			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Scott Solman Title 5.b. Termination Date Ongoing 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	Mailing Address: P.O. Box, Bldg., Room No., if any Street 5 Coffey Street City Bangor State Maine ZIP Code + 4 04401=5757 5.c. Amount 10,271 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.c. Amount 3,479 Mailing Address:			
5.a. Name and Address of Employer (including trade name, if any). Employer Maine Distributors, Inc. Trade Name Attention To: Scott Solman Title 5.b. Termination Date Ongoing 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 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any Street 5 Coffey Street City Bangor State Maine ZIP Code + 4 04401=5757 5.c. Amount 10,271 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.c. Amount 3,479 Mailing Address: P.O. Box, Bldg., Room No., if any Mailing Address: P.O. Box, Bldg., Room No., if any			
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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, Bldg., Room No., if any			
Employer National Distributors, Inc.	F.O. BOX, Blug., NOOTH NO., If any			
Trade Name	Street 116 Wallace Avenue			
Attention To: Timothy: Longstaff	City South Portland			
Title President	State Maine 2 ZIP Code + 4 04106=6144			
5.b. Termination Date Ongoing	5.c. Amount 16, 876			
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, LLC	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 39,,791			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer P. F. B. Inc.	P.O. Box, Blda., 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, 17,0			
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			
Employer PERFORMANCE FOOD GROUP Trade Name PFG Northcenter	Street			
Attention To: David Crowell	City Augusta			
Title President 2	State Maine ZIP Code + 4 04338-2628			
5.b. Termination Date Ongoing	5.c. Amount 77070			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if anv			
Employer Pine State Trading Co.				
Trade Name	Street 100 Enterprise Avenue			
Attention To: Gena Canning	City Gardiner			
Title	State Maine ZIP Code + 4 04345-6249			
5.b. Termination Date Ongoing	5.c. Amount 28,018			
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: Carrie Lewis	City Portland			
Title General Manager	State Maine ZIP Code + 4 04104-3553			
5.b. Termination Date Ongoing	5.c. Amount 113,728			

Name of Person Filing: Peter Bennett	File Number C- 0.0214			
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 Rowe Ford Sales	P.O. Box 109			
Trade Name	Street			
Attention To: Wallace Camp, Jr.	City Westbrook			
Title	State Maine ZIP Code + 4 04098-0109			
5.b. Termination Date Ongoing	5.c. Amount 22,096			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any			
Employer Shalom House				
Trade Name	Street 106 Gilman Street			
Attention To: Thomas Rowan	City Portland			
Title	State Maine ZIP Code + 4 04102-3034			
5.b. Termination Date Ongoing	5.c. Amount 7,, 284			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer Spaulding Youth Center has a second	P.O. Box. Bldg., Room No., if any			
Trade Name	Street 76 Spaulding Road			
Attention To: Susan C Ryan	City Northfield			
Title President	State New Hampshire ZIP Code + 4 03276-4608			
5.b. Termination Date 05/02/2016	5.c. Amount 68, 543,			
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. Scoff	City Portsmouth			
Title	State New Hampshire ZIP Code + 4 03801-6836			
5.b. Termination Date Ongoing	5.c. Amount 44,,689			
5.a. Name and Address of Employer (including trade name, if any).	The state of the s			
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	Mailing Address: P.O. Box. Bidg., Room No., if any			
Employer Town of Warren, Maine	P.O. Box. Bidg., Room No., if any			
Employer Town of Warren, Maine Trade Name	P.O. Box. Bidg., Room No., if any Street 167 Western Road			
Employer Town of Warren, Maine	P.O. Box, Bidg., Room No., if any			
Employer Town of Warren, Maine Trade Name Attention To: Wil'liam Lawrence	P.O. Box. Bidg., Room No., if any Street 167 Western Road City Warren.			
Employer Town of Warren, Maine, Trade Name Attention To: Wil'liam Lawrence Title Town Manager	P.O. Box. Bldg., Room No., if any Street 167 Western Road City Warren. State Maine ZIP Code + 4 04864-4279 5.c. Amount 9,588 Mailing Address:			
Employer Trade Name Attention To: William Lawrence Title Town: Manager 5.b. Termination Date 10/31/2016 5.a. Name and Address of Employer (including trade name, if any).	P.O. Box. Bldg., Room No., if any Street 167 Western Road City Warren. State Maine. ZIP Code + 4 04864 - 427.9 5.c. Amount 9, 588 Mailing Address: P.O. Box. Bldg., Room No., if any			
Employer Town of Warren, Maine Trade Name Attention To: Wil'liam Lawrence Title Town Manager 5.b. Termination Date 10/31/2016 5.a. Name and Address of Employer (including trade name, if any). Employer Valley Distributors, Inc.	P.O. Box. Bldg., Room No., if any Street 167 Western Road City Warren. State Maine ZIP Code + 4 04864-4279 5.c. Amount 9,588 Mailing Address:			
Employer Town of Warren, Maine Trade Name Attention To: William Lawrence Title Town Manager 5.b. Termination Date 10/31/2016 5.a. Name and Address of Employer (including trade name, if any). Employer Valley Distributors, Inc. Trade Name	P.O. Box. Bldq., Room No., if any Street 167 Western Road City Warren. State Maine ZIP Code + 4 04864-4279 5.c. Amount 9,588 Mailing Address: P.O. Box. Bldq., Room No., if any P.O. Box 8			
Employer Trade Name Attention To: William Lawrence Title Town Manager 5.b. Termination Date 10/31/2016 5.a. Name and Address of Employer (including trade name, if any). Employer Valley Distributors, Inc. Trade Name	P.O. Box. Bldg., Room No., if any Street 167 Western Road City Warren. State Maine ZIP Code + 4 04864-4279 5.c. Amount 9,588 Mailing Address: P.O. Box. Bldg., Room No., if any P.O. Box 8 Street			

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Statement of Disbursements Disbursements to Officers and Employers:

a) Name		(b) Salary	(c) Expenses	(d) Totals
Laurie	A Proctor	28,568	报。	28,568
Joanne	I Simonelli	60,621	0	60,621
Dionne	A Smith	220	2.0	220
Halley	L Taylor	1,156	30	1, 156
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Organization:

The Bennett Law Firm, P.A.

File Number:

C-00214

For the Period Ending:

December 31, 2016

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 directly by Spaulding Youth Center for Fiscal Year Ending 06/30/2016
- Form LM-20 filed by The Bennett Law Firm, P.A. in regards to Spaulding Youth Center for Fiscal Year Ending 12/31/2016

Section C, Items 7:

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, 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 51% of the firm's total receipts for the time period covered by this report. As such, we have allocated 51% of our total disbursements for Items 7-14 accordingly.