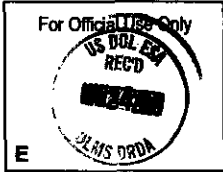


FORM LM-21

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. 438 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

388418

| | | | |
|-------------------------|---|--------------------------------|--------------------------------|
| 1. File Number C- 00214 | 2. Period Covered By This Report From: 01/01/2008 Through: 12/31/2008 | Month/Day/Year (mm/dd/yyyy) | Month/Day/Year (mm/dd/yyyy) |
|-------------------------|---|--------------------------------|--------------------------------|

| | |
|--|-------------------------------|
| 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 04101-4156 |

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions).

| | | | |
|------------|---|------------|---|
| 17. Signed | President (if other title, see instructions) | 18. Signed | Treasurer (if other title, see instructions) |
| Title | President | Title | Other (Specify) Vice-President |
| On | 03/16/2009 (207) 773-4775 | On | 03/17/2009 (207) 773-4775 |
| Date | Telephone Number | 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):

Employer Aggregate Industries - NE Region - Inc.

Trade Name

Attention To Richard Winter

Title HR Manager

Mailing Address:

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

Street 1715 Broadway

City Saugus

State Massachusetts ZIP Code + 4 01906-4703

5.b. Termination Date Ongoing

5.c. Amount 123,313

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 623,009

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

| (a) Name | (b) Salary | (c) Expenses | (d) Totals |
|---|------------|--------------|------------|
| Jeffrey Bennett | 76,428 | 2,304 | 78,732 |
| Peter Bennett | 123,196 | 3,394 | 126,590 |
| Ian Bourgoine | 18,060 | 0 | 18,060 |
| Charles Carbonneau | 17,589 | 1,110 | 18,699 |
| Frederick B. Finberg | 57,581 | 1,626 | 59,207 |
| 8. Total disbursements to officers and employees: | | | 377,870 |

| | |
|---|---------|
| 9. Office and Administrative Expenses | 186,678 |
| 10. Publicity | 17,881 |
| 11. Fees for Professional Services | 49,935 |
| 12. Loans Made | 0 |
| 13. Other Disbursements | |
| 14. Total Disbursements (Sum of Items 8-13) | 632,364 |

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 Washington 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 | |
| B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services. | | | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer | Associated Grocers of New England, 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 | | 5.c. Amount | |
| Ongoing | | 18,636 | |
| 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 | | 5.c. Amount | |
| Ongoing | | 4,647 | |
| 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 | | 5.c. Amount | |
| Ongoing | | 7,661 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer | Lepage Bakeries, Inc. | P.O. Box, Bldg., Room No., if any | P.O. Box 1900 |
| Trade Name | C K Sales Company, LLC | Street | |
| Attention To: | Andrew Barowsky | City | Auburn |
| Title | President | State | Maine |
| | | ZIP Code + 4 | 04211-1900 |
| 5.b. Termination Date | | 5.c. Amount | |
| Ongoing | | 1,908 | |
| 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 | | 5.c. Amount | |
| Ongoing | | 1,375 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer | Capitol Distributors, Inc. | P.O. Box, Bldg., Room No., if any | P.O. Box 1148 |
| Trade Name | | Street | |
| Attention To: | Jack Shea | City | Concord |
| Title | President | State | New Hampshire |
| | | ZIP Code + 4 | 03302-1148 |
| 5.b. Termination Date | | 5.c. Amount | |
| Ongoing | | 1,698 | |

| | | | |
|--------------------------------------|--|----------------------|--|
| 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 Coca-Cola Bottling Co. of No. New England | P.O. Box, Bldg., Room No., if any Suite 330 | | |
| Trade Name | Street 1 Executive Park Drive | | |
| Attention To: Lawrence <input type="checkbox"/> Lordi | City Bedford | | |
| Title President | State New Hampshire | | ZIP Code + 4 03110-6913 |
| 5.b. Termination Date Ongoing | | 5.c. Amount 117,658 | |

| | | | |
|---|--|---------------------------|--------------------------------|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer County Ambulance Service, Inc. | P.O. Box, Bldg., Room No., if any P.O. Box 724 | | |
| Trade Name | Street | | |
| Attention To: John <input type="checkbox"/> F Partridge | City Ellsworth | | |
| Title | State Maine | | ZIP Code + 4 04605-0724 |
| 5.b. Termination Date Ongoing | | 5.c. Amount 16,618 | |

| | | | |
|--|-----------------------------------|--------------------------|--------------------------------|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Cumberland County Federal Credit Union | P.O. Box, Bldg., Room No., if any | | |
| Trade Name | Street 101 Gray Road | | |
| Attention To: Karen <input type="checkbox"/> Rickett | City Falmouth | | |
| Title Vice-President of Operations | State Maine | | ZIP Code + 4 04105-2029 |
| 5.b. Termination Date Ongoing | | 5.c. Amount 3,474 | |

| | | | |
|--|-----------------------------------|--------------------------|---------------------------|
| 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 | | |
| Trade Name | Street 20 Main Street | | |
| Attention To: Bert <input type="checkbox"/> Beaulieu | City Bowdoinham | | |
| Title President | State Maine | | ZIP Code + 4 04008 |
| 5.b. Termination Date Ongoing | | 5.c. Amount 1,809 | |

| | | | |
|--|---|------------------------|--------------------------------|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Evergreen Credit Union | P.O. Box, Bldg., Room No., if any P.O. Box 1038 | | |
| Trade Name | Street | | |
| Attention To: Cathy <input type="checkbox"/> Lestage | City Portland | | |
| Title | State Maine | | ZIP Code + 4 04104-5017 |
| 5.b. Termination Date Ongoing | | 5.c. Amount 988 | |

| | | | |
|--|---|--------------------------|--------------------------------|
| 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. <input type="checkbox"/> P Spellman | City Lewiston | | |
| Title | State Maine | | ZIP Code + 4 04241-2007 |
| 5.b. Termination Date Ongoing | | 5.c. Amount 3,327 | |

| | | | |
|--|--|---|--|
| 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 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 4,784 | |
| 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 | |
| Trade Name | | Street 335 Valley Street | |
| Attention To: Lorena Delcourt | | City Portland | |
| Title | | State Maine ZIP Code + 4 04102-3010 | |
| 5.b. Termination Date Ongoing | | 5.c. Amount 4,594 | |
| 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 | |
| Trade Name | | P.O. Box 8600 | |
| Attention To: Theodore Caouette | | Street | |
| Title | | City Portland | |
| | | State Maine ZIP Code + 4 04104-8600 | |
| 5.b. Termination Date Ongoing | | 5.c. Amount 11,109 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Great State Beverages, Inc. | | P.O. Box, Bldg., Room No., if any | |
| Trade Name | | P.O. Box 16550 | |
| Attention To: Robert Koslowsky | | Street | |
| Title | | City Hooksett | |
| | | State New Hampshire ZIP Code + 4 03106-6550 | |
| 5.b. Termination Date Ongoing | | 5.c. Amount 15,543 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Lepage Bakeries, Inc. | | P.O. Box, Bldg., Room No., if any | |
| Trade Name Green Mountain Baking Company | | P.O. Box 1900 | |
| Attention To: Andrew Barowsky | | Street | |
| Title President | | City Auburn | |
| | | State Maine ZIP Code + 4 04211-1900 | |
| 5.b. Termination Date Ongoing | | 5.c. Amount 296 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Hardwood Products Company, LLC | | P.O. Box, Bldg., Room No., if any | |
| Trade Name | | P.O. Box 149 | |
| Attention To: Terrence Young | | Street | |
| Title President | | City Guilford | |
| | | State Maine ZIP Code + 4 04443-0149 | |
| 5.b. Termination Date Ongoing | | 5.c. Amount 2,825 | |

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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: | |
| Employer <u>Lepage Bakeries, Inc.</u> | P.O. Box, Bldg., Room No., if any <u>P.O. Box 1900</u> | | |
| Trade Name <u>Country Kitchen Bakeries</u> | Street _____ | | |
| Attention To: <u>Andrew</u> <input type="checkbox"/> <u>Barowsky</u> | City <u>Auburn</u> | | |
| Title <u>President</u> | State <u>Maine</u> | ZIP Code + 4 <u>04211-1900</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>26,969</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 _____ | Street <u>152 U.S. Route One</u> | | |
| Attention To: <u>Dan</u> <input type="checkbox"/> <u>Porta</u> | City <u>Scarborough</u> | | |
| Title _____ | State <u>Maine</u> | ZIP Code + 4 <u>04074-8367</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>1,235</u> | |
| 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 _____ | Street <u>5 Coffey Street</u> | | |
| Attention To: <u>Scott</u> <input type="checkbox"/> <u>Solman</u> | City <u>Bangor</u> | | |
| Title _____ | State <u>Maine</u> | ZIP Code + 4 <u>04401</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>7,520</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 <u>P.O. Box 5659</u> | | |
| Trade Name _____ | Street _____ | | |
| Attention To: <u>Normand</u> <input type="checkbox"/> <u>R Dubreuil</u> | City <u>Augusta</u> | | |
| Title <u>President</u> | State <u>Maine</u> | ZIP Code + 4 <u>04332-5659</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>2,180</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 _____ | Street <u>116 Wallace Avenue</u> | | |
| Attention To: <u>Jeffrey</u> <input type="checkbox"/> <u>D 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>6,225</u> | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer <u>New Hampshire Distributors, Inc.</u> | P.O. Box, Bldg., Room No., if any <u>P.O. Box 267</u> | | |
| Trade Name _____ | Street _____ | | |
| Attention To: <u>C.</u> <input type="checkbox"/> <u>T Brown</u> | City <u>Concord</u> | | |
| Title <u>Chief Executive Officer</u> | State <u>New Hampshire</u> | ZIP Code + 4 <u>03302-0267</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>25,794</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>P.F.B. Inc.</u> | P.O. Box, Bldg., Room No., if any <u>P.O. Box 137</u> | | |
| Trade Name <u>Prunier's Market</u> | Street _____ | | |
| Attention To: <u>William</u> <input type="checkbox"/> <u>Prunier</u> | City <u>Bromoseen</u> | | |
| Title <u>Treasurer</u> | State <u>Vermont</u> | ZIP Code + 4 <u>05732-0137</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>1,020</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 <u>P.O. Box 2628</u> | | |
| Trade Name <u>Northcenter Foodservice</u> | Street _____ | | |
| Attention To: <u>Greg</u> <input type="checkbox"/> <u>Piper</u> | City <u>Augusta</u> | | |
| Title <u>President</u> | State <u>Maine</u> | ZIP Code + 4 <u>04338-2628</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>6,534</u> | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer <u>Portland Water District</u> | P.O. Box, Bldg., Room No., if any <u>P.O. Box 3553</u> | | |
| Trade Name _____ | Street _____ | | |
| Attention To: <u>David</u> <input type="checkbox"/> <u>Kane</u> | City <u>Portland</u> | | |
| Title _____ | State <u>Maine</u> | ZIP Code + 4 <u>04104-3553</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>20,863</u> | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer <u>Rowe Ford Sales</u> | P.O. Box, Bldg., Room No., if any <u>P.O. Box 109</u> | | |
| Trade Name _____ | Street _____ | | |
| Attention To: <u>Wallace</u> <input type="checkbox"/> <u>Camp, Jr.</u> | City <u>Portland</u> | | |
| Title _____ | State <u>Maine</u> | ZIP Code + 4 <u>04104-0109</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>Sprague Engergy Corporation</u> | P.O. Box, Bldg., Room No., if any <u>Suite 200</u> | | |
| Trade Name _____ | Street <u>2 International Drive</u> | | |
| Attention To: <u>J</u> <input type="checkbox"/> <u>P. Scoff</u> | City <u>Portsmouth</u> | | |
| Title _____ | State <u>New Hampshire</u> | ZIP Code + 4 <u>03801-6809</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>7,970</u> | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer <u>Synernet, Inc.</u> | P.O. Box, Bldg., Room No., if any <u>Suite 329</u> | | |
| Trade Name _____ | Street <u>222 St. John Street</u> | | |
| Attention To: <u>Becky</u> <input type="checkbox"/> <u>Barrows</u> | City <u>Portland</u> | | |
| Title _____ | State <u>Maine</u> | ZIP Code + 4 <u>04102-3071</u> | |
| 5.b. Termination Date <u>Ongoing</u> | | 5.c. Amount <u>3,295</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 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 133,252 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Wood Structures, Inc. | P.O. Box, Bldg., Room No., if any P.O. Box 347 | | |
| Trade Name | Street | | |
| Attention To: Jeffrey True | City Biddeford | | |
| Title President | State Maine | | ZIP Code + 4 04005-0347 |
| 5.b. Termination Date Ongoing | | 5.c. Amount 13,996 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer York Ford Sales, Inc. | P.O. Box, Bldg., Room No., if any P.O. Box 100 | | |
| Trade Name d/b/a Yorks of Houlton | Street | | |
| Attention To: Jerry York | City Houlton | | |
| Title President | State Maine | | ZIP Code + 4 04730-0100 |
| 5.b. Termination Date Ongoing | | 5.c. Amount 8,710 | |
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer Coca-Cola Bottling Co. of SE 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 8,806 | |
| 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 | |

7. Disbursements to Officers and Employers:

Page 9 of 9

Organization: **The Bennett Law Firm, P.A.**
File Number: **C-00214**
For the Period Ending: **December 31, 2008**

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:

- Aggregate Industries – NE Region – Inc.: Forms LM-10 and LM-20 filed for FY2008
- Coca-Cola Bottling Company of Northern New England, Inc.: Forms LM-10 and LM-20 filed for FY2008
- Coca-Cola Bottling Company of Southeastern New England, Inc.: Forms LM-10 and LM-20 filed for FY2008
- York's Ford Sales, Inc., d/b/a York's of Houlton: Forms LM-10 and LM-20 filed for FY2008

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 39% of the firm's total receipts for the time period covered by this report. As such, we have allocated 39% of our total disbursements for Items 7 – 14 accordingly.