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.

Required at the Labor-Management 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- 00214	2. Period Covered By This Report From: O1 / O1 / 2017 Through: 12 / 31 / 2017
	From: 01/01/2017 Through: 12/31/2017
A. Person Filing	
3. 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 Suite 3.00 Street 121 Middle Street City Portland State Maine ZIP Code + 4 0.4101-7109 Signa Each of the undersigned declares; under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the	ies of law, that all of the information submitted to this report (including the
correct, and complete. (See the Section on penalties in the instructions). 17. Signed Title President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 03/19/2018 (207) 773-4775 Date Telephone Number	On 03/19/2018 (207) 773-4775 Date Telephone Number

Name of Person Filing: Peter Bennett			File Number C- 0	00214	
			· .		
B. Statement of Receipts Report all receipts from employers in conservices.	connection with	i labor relation	s advice or services regardless of th	ne purposes	of the advice
5.a. Name and Address of Employer (including trade name, if any).			lailing Address: uilding and Room Number, if any	4	
Employer Amoskeag Beverages, LLC		····	O. Box 1148		:
Trade Name		Street			`
Attention To Thomas A Bullock		City	oncord		
Title		State Ne	w Hampshire Z	IP Code + 4	03302-1148
5.b. Termination Date Ongoing		5.c. Amount	8,308		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 793,370					
C. Statement of Disbursements Report all disbursements me to the employers listed in Pa 7. Disbursements to Officers and Employees:	ade by the rep art B.	orting organiza	ation in connection with labor relation	ns advice or	services rendered
	c) Expenses (d)	Totals			
Ashley E Arra 25,200	0	25,200	Office and Administrative Expen	ises	153,791
Peter Bennett 303,840	0	303,840	10. Publicity		16,523
Charles J Carbonneau 27,734	0	27,734	11. Fees for Professional Services		35,818
Frederick B Finberg 148,140	Ó	148,140	12. Loans Made		0
Laurie A Proctor 20,340	<u> </u>	20,340	13. Other Disbursements		0
8. Total disbursements to officers and employees:		615,819	14. Total Disbursements (Sum of Item	ns 8-13)	821,951
		lle to report on	ly disbursements made for the purpo	oses describ	ed in Part D of the
	structions.	15 h Td-	Name If and		
15.a. Employer Name:		15.b. Trade	Name, If any:		1.
		<u> </u>			
15.c. To Whom Paid		15.d. Amou	nt		
Name		15.e. Purpo	se		
Title		-			,
Organization]			
P.O. Box, Building and Room Number, if any					
1.0. 50s, building and axoun Number, many					
Street					
City					
State Washington ZIP Code + 4] [
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVI	TY	•		, "	

Form LM-21 (2003)

Name of Person Filing: Peter Bennett	File Number C- 00214
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
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 Ongoing	5:c Amount 12,021
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
Title Sr. V.P. Finance & Administration	State New Hampshire ZIP Code + 4 03275=6000
5.b. Termination Date 10/02/2017	5.c. Amount 65 , 1.44
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
N.A. Sanda M. A. and G.	P.O. Box. Blda. Room No. if any
Employer Aubûrn Motor Sales	P.O. Box 500
Trade Name Rowe Auburn	Street
Attention To: Wallace Camp, Jr.	City Auburn
Title	State Maine, ZIP Code + 4 04212-0500
5.b. Termination Date Ongoing	
55.,55.,156.,111.	5.c. Amount 8, 0.74
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: P.O. Box, Bldg., Room No., if any
	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 710
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Bayside Distributing, Inc.	Mailing Address: P.O. Box, Bldg., 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	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 710 Street
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, Bldg., 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 McCaddin Title 5.b. Termination Date Ongoing	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 710 Street City Epping' State New Hampshire 5.c. Amount 3, 194
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, Bldg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042-0710
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	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 3, 194. 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, Bldg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire ZIP Code + 4 03042-0710 5.c. Amount 3, 194. 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). Employer Belavance Beverage Company, Inc. Trade Name	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 3, 194 Mailing Address: P.O. Box, Bldg., 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: 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	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 710 Street City Epping' State New Hampshire 5.c. Amount 3, 194. Mailing Address: P.O. Box, Bldg., Room No., if any Street 10,00, 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. 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 3, 194. Mailing Address: P.O. Box, Bldg., Room No., if any Street 1000 Quality Drive City Hookset. State New Hampshire ZIP Code + 4 03106-2625
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, Bldg., Room No., if any P.O. Box 710 Street City Epping' State New Hampshire 5.c. Amount 3, 194. Mailing Address: P.O. Box, Bldg., Room No., if any Street 10,00, 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. 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 3, 194. Mailing Address: P.O. Box, Bldg., Room No., if any Street 1000 Quality Drive City Hookset. State New Hampshire ZIP Code + 4 03106-2625
5.a. Name and Address of Employer (including trade name, if any). Employer Baysi'de 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, Bldg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire 5.c. Amount 3, 194. Mailing Address: P.O. Box, Bldg., Room No., if any Street 10,00 Quality Drive City Hookset. State New Hampshire ZIP Code + 4 03106-2625 5.c. Amount 14, 883 Mailing Address: P.O. Box, Bldg., 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: 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 Title 5.b. Termination Date Ongoing	Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box 710 Street City Epping' State New Hampshire 5.c. Amount 3, 194. Mailing Address: P.O. Box, Bldg., Room No., if any Street 10,00 Quality Drive City Hookset. State New Hampshire ZIP Code + 4 03106-2625 5.c. Amount 14,883 Mailing Address:
5.a. Name and Address of Employer (including trade name, if any). Employer Baysi'de 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, Bldg., Room No., if any P.O. Box 710 Street City Epping State New Hampshire 5.c. Amount 3, 194. Mailing Address: P.O. Box, Bldg., Room No., if any Street 10,00 Quality Drive City Hookset. State New Hampshire ZIP Code + 4 03106-2625 5.c. Amount 14, 883 Mailing Address: P.O. Box, Bldg., 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: 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 Belavance Ongoing	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 3,194 Mailing Address: P.O. Box, Bldg., Room No., if any Street 10.00 Quality Drive City Hookset State New Hampshire ZIP Code + 4 03106-2625 5.c. Amount 14,883 Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., 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, Bldg., Room No., if any P.O. Box 710 Street City Epping' State New Hampshire 5.c. Amount 3, 194. Mailing Address: P.O. Box, Bldg., Room No., if any Street 10,00, Quality Drive City Hookset, State New Hampshire ZIP Code + 4 03/106-2625 5.c. Amount 14, 883 Mailing Address: P.O. Box, Bldg., Room No., if any P.O. Box, 454.

Name of Person Filing: Peter Bennett	File Number C- 00214
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Coca-Cola Botting Co. of No. New England	P.O. Box, Bldg., Room No., if any Suite 330
Trade Name	Street 1 Executive Park
Attention To: Mark Francoeur	City Bedford
Title President	State New Hampshire ZIP Code + 4 03110=6913
1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	
5.b. Termination Date Ongoing	5.c. Amount 262,246
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Creative Work Systems :	P.O. Box, Bldg., Room No., if any
Trade Name	Street 10 Spiers Street
Attention To: Stephen Hawkes	City Westbrook
Title	State Maine ZIP Code + 4 04092-4122
5.b. Termination Date Ongoing	5.c. Amount 12:,11:7
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box. Bidd., Room No., if any
Employer Crystal Motor Express, Inc.	F.O. BOX. DIGG. COOIII.NO. II ally
Trade Name	Street 10 Kimball Lane
Attention To: Charles Masiella	City Lynnfield
Title	State Massachusetts ZIP Code + 4 01940-2617
5.b. Termination Date Ongoing	5.c. Amount 817
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bldg., Room No., if any
Employer Cumberland Country Federal Credit Union	
5.11p.03/01	
Trade Name	Street 101 Gray Road
Trade Name Attention To: Karen Smith	City Falmouth_
Trade Name	
Trade Name Attention To: Karen Smith	City Falmouth_
Trade Name Attention To: Karen Smith Title Chief Operating Officer	City Falmouth ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address:
Trade Name Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	City Falmouth ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. Bldg Room.Noif.anv.
Trade Name Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union.	City Falmouth State Maine ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. Bida Room No if anv P.O. Box 130
Trade Name Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union. Trade Name	City Falmouth ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. BldaRoom.Noif.anv P.O. Box 130 Street
Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union. Trade Name Attention To: Donna Cochran	City Falmouth State Maine ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. BldaRoom.Noif.anv P.O. Box i130 Street City Baileyville
Trade Name Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union. Trade Name	City Falmouth ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. BldaRoom.Noif.anv P.O. Box 130 Street
Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union. Trade Name Attention To: Donna Cochran	City Falmouth State Maine ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. BldaRoom.Noif.anv P.O. Box i130 Street City Baileyville
Trade Name Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union. Trade Name Attention To: Donna Cochran Title	City Falmouth State Maine State Maine State Maine ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. Blda Room No if anv P.O. Box 130 Street City Baileyville State Maine ZIP Code + 4 04694-0130 5.c. Amount 10,075 Mailing Address:
Trade Name Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union Trade Name Attention To: Donna Cochran Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	City Falmouth State Maine State Maine State Maine ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. BldaRoom.Noif.anv P.O. Box 130 Street City Baileyville State Maine ZIP Code + 4 04694-0130 5.c. Amount 10,075
Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union. Trade Name Attention To: Donna Cochran Title 5.b. Termination Date Ongoing	City Falmouth State Maine State Maine State Maine ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. BldaRoom.Noif.anv P.O. Box. 130 Street City Baileyville State Maine ZIP Code + 4 04694-0130 5.c. Amount 10,075 Mailing Address: P.O. Box. BldaRoom.Noif.anv
Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union Trade Name Attention To: Donna Cochran Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Federal Distributors, Inc.	City Falmouth State Maine ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. Blda Room.No if anv P.O. Box i130 Street City Baileyville State Maine ZIP Code + 4 04694-0130 5.c. Amount 10,075 Mailing Address: P.O. Box Blda Room.No if anv P.O. Box 2007
Attention To: Karen Smith Title Chief Operating Officer 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Down East Credit Union. Trade Name Attention To: Donna Cochran Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Federal Distributors, Inc. Trade Name	City Falmouth State Maine ZIP Code + 4 04105-2029 5.c. Amount 7,275 Mailing Address: P.O. Box. Bldg Room.Noif.anv P.O. Box 130 Street City Baileyville State Maine ZIP Code + 4 04694-0130 5.c. Amount 10,075 Mailing Address: P.O. Box. Bldg Room.Noif.anv P.O. Box. Bldg Room.Noif.anv P.O. Box. Bldg Room.Noif.anv P.O. Box. Street Street

Name of Person Filing: Peter Bennett		File Number C- 00214	
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice of	or services regardless of the purposes of the	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre		
Employer Flowers Foods, Inc.	P.O. Box, Bldg., Room P.O Box 19		
Trade Name Lepage Bakeries	Street		Ì
Attention To: Michael McCall	City Auburn		
Title President	State Maine	ZIP Code + 4 04211-	1900
5.b. Termination Date Ongoing	5.c. Amount 76,779		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre		
Employer Franklin-Somerset Federal Credit Union			
Trade Name	Street 26 Leavitt	Street	
Attention To: Karen Greenleaf	City Skowhegan		
Title	State Maine	ZIP Code + 4 04976-1	1842
5.b. Termination Date Ongoing	5.c. Amount 3,360		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre		
Employer Frannie Peabody House	P.O. Box. Bldg. Room Suite 311	No., IL any	
Trade Name	Street 30 Danfortl	n Street	
Attention To: Lorena Delcourt	City Portland		
Title	State Maine	ZIP Code + 4 04101-4	4502
5.b. Termination Date Ongoing	5.c. Amount 4,816		
5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 4,816 Mailing Addre		<u></u>
	Mailing Addre		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre	No., if any	
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc.	Mailing Addre	No., if any Road	
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name	P.O. Box, Bldq., Room Street 295 Pasco F	Road	L964
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci	Mailing Addre	No., if any Road	1964
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco F City Springfield State Massachuset 5.c. Amount 90 Mailing Addre	No., if any Road 1. Cts ZIP Code + 4 01151-1	1964
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco F City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room	No., if any Road I Its ZIP Code + 4 01151-1 ss: No., if any	1964
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc.	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco I City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room- P.O. Box, Bldg., Room-	No., if any Road I Its ZIP Code + 4 01151-1 ss: No., if any	1964
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc. Trade Name	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco F City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room P.O. Box 15	No., if any Road I Its ZIP Code + 4 01151-1 ss: No., if any	1964
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc.	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco F City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room P.O. Box 15 Street City Sanford	No., if any Road Its ZIP Code + 4 01151-1 ss: No., if any	
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc. Trade Name Attention To: Michael R Genest Title	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco F City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room P.O. Box 15 Street City Sanford State Maine	No., if any Road I Its ZIP Code + 4 01151-1 ss: No., if any	
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc. Trade Name Attention To: Michael R Genest Title 5.b. Termination Date Ongoing	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco F City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room P.O. Box 15 Street City Sanford State Maine 5.c. Amount 2,,478	No., if any Road A ZIP Code + 4 01151-1 SS: No., if any S1 ZIP Code + 4 04073-0	
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc. Trade Name Attention To: Michael R Genest Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco I City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room P.O. Box 15 Street City Sanford State Maine 5.c. Amount 2,,478 Mailing Addre P.O. Box, Bldg., Room Mailing Addre	No., if any Road A Its	
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc. Trade Name Attention To: Michael R Genest Title 5.b. Termination Date Ongoing	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco F City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room P.O. Box, Bldg., Room P.O. Box 15 Street City Sanford State Mailing 5.c. Amount 2,,478 Mailing Addre P.O. Box, Bldg., Room Unit 1	No., if any Road I Sts ZIP Code + 4 01151-1 SS: No., if any SS: No., if any SS: No., if any	
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc. Trade Name Attention To: Michael R Genest Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Goodwill Industries of Northern New Englance Name	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco I City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room P.O. Box 15 Street City Sanford State Maine 5.c. Amount 2,,478 Mailing Addre P.O. Box, Bldg., Room Mailing Addre	No., if any Road I Sts ZIP Code + 4 01151-1 SS: No., if any SS: No., if any SS: No., if any	
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc. Trade Name Attention To: Michael R Genest Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Goodwill Industries of Northern New Englance Name Attention To: Jeri Lollini	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco F City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room P.O. Box, Bldg., Room P.O. Box 15 Street City Sanford State Maine 5.c. Amount 2,,478 Mailing Addre P.O. Box, Bldg., Room Unit 1 Street 34 Hutchers City Gorham	No., if any Road ILLS ZIP Code + 4 01151-1 SSS: No., if any No., if any	0151
5.a. Name and Address of Employer (including trade name, if any). Employer Gagliarducci Construction, Inc. Trade Name Attention To: Jerry Gagliarducci Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Genest Concrete Works, Inc. Trade Name Attention To: Michael R Genest Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Goodwill Industries of Northern New Englance Name	Mailing Addre P.O. Box, Bldg., Room Street 295 Pasco F City Springfield State Massachuset 5.c. Amount 90 Mailing Addre P.O. Box, Bldg., Room P.O. Box 15 Street City Sanford State Maine 5.c. Amount 2,,478 Mailing Addre P.O. Box, Bldg., Room Unit 1 Street 34 Hutchers	No., if any Road I Sts ZIP Code + 4 01151-1 SS: No., if any SS: No., if any SS: No., if any	0151

Name of Person Filing: Peter Bennett	File Number C- 00214
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
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
	Street
Trade Name Attention To: Robert Koslowsky	City Hookset
Title	State New Hampshire ZIP Code + 4 03106-6550
5.b. Termination Date 12/31/2017	5.c. Amount 4,,368
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Green Line Group, Inc.	P.O. Box, Bldg., Room No., if any Suite 303
Trade Name	Street 3 Allied Drive
Attention To: Paul Goldman	City Dedham
Title	State Massachusetts ZIP Code + 4 02026-6149
St. T D. Congoling	
5.b. Termination Date Ongoing	5.c. Amount 65,,27.4
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:P.O. Box. BldgRoom.Noif.anv
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,,167
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
Title	State Massachusetts ZIP Code + 4 01906-4703
5.b. Termination Date Ongoing	5.c. Amount 1,522
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer J F White Contracting Co.	P.O. Box, Bldg., Room No., if any
Trade Name	Street 1.0 Burr Street
Attention To: Ed Taylor	City Framingham
Title	State Massachusetts ZIP Code + 4 01701-4692
5.b. Termination Date Ongoing	5.c. Amount 1, 165
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:P.O. Box. BiddRoom.Noif.anv
Employer Lois Natural Marketplace, Inc.	Box 15;
Trade Name	Street 152 U.S. Route 1
Attention To: Dan Porta	
1	City Scarborough
Title	State Maine ZIP Code + 4 04074-8365

Name of Person F	iling: Peter Bennet	t			File	e Number C- 0,0214
B. Statement of	Receipts Report all receipts advice or service		rs in connection	vith labor r	elations advice or servi	ces regardless of the purposes of the
5.a. Name₁and Ad	dress of Employer (inclu		iny).		Mailing Address:	· · · · · · · · · · · · · · · · · · ·
Employee Mã	aine Distributor	s. Inc.		—, P.O. B	ox, Bldg., Room No., if a	any
Trade Name				—J Street	5 Coffey Street	
Attention To:	Scott	Solman		City	Bangor	
Title		Jeorman		State	Maine	ZIP Code + 4 04401-575
5.b. Termination D	Date Ongoing]	5.c. Amo	ount 6,736	
5.a. Name and Ad	dress of Employer (include	ding trade name, if a	ny).	D.O. D.	Mailing Address:	
Employer Ma	ine State Credi	t Union		P.O. Bo	p.O. Box 5659	iny :
Trade Name		<u> </u>		Street		
Attention To:	Normand	R Dubreuil		City	Augusta	
Title				<u></u> .	Maine	ZIP Code + 4 04332-5659
			 _			
5.b. Termination D	Date Ongoing		J	5.c. Amo	ount 3 , 113	
5.a. Name and Ad	dress of Employer (inclu	ding trade name, if a	iny).		Mailing Address:	
Mi	lestone Recovery	······································		P.O. B	ox, Blda., Room No., if a	anv
Trade Name		<u> </u>		l Street	65 India Street	
Attention To:	Pohert	Fowler			Portland	
Title	Rober 5	III OWICE		a	Maine	ZIP Code + 4 04101-4209
					Ind in the second	01101 ,120.
5.b. Termination D	ate lOngoing			5.c. Amo	ount 4.818	
5.b. Termination D			<u> </u>	5.c. Amo	ount 4,818	
	dress of Employer (include	ding trade name, if a	ny).	•	Mailing Address:	any
5.a. Name and Ad	dress of Employer (include		ny).	•		iny
5.a. Name and Ad			ny).	P.O. B	Mailing Address:	
5.a. Name and Ad Employer Na	dress of Employer (includent tional Distribut		ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a	
5.a. Name and Ad Employer Na Trade Name	dress of Employer (includent tional Distribut	tors, Inc.	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a	nue
5.a. Name and Ad Employer Na Trade Name Attention To: Title	dress of Employer (included the control of the cont	tors, Inc.	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine	
5.a. Name and Ad Employer Na Trade Name Attention To:	dress of Employer (included the control of the cont	tors, Inc.	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine bunt 6,671	nue
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination C	dress of Employer (included the control of the cont	Longstaff		P.O. Be Street City State	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine ount 6,671 Mailing Address:	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E	dress of Employer (includent includent include	Longstaff	ny).	P.O. Be Street City State 5.c. Amo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine ount 6,671 Mailing Address: ox, Bldg., Room No., if a	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Ne	dress of Employer (included the control of the cont	Longstaff	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine ount 6,671 Mailing Address:	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Ne Trade Name	dress of Employer (includent includent include	Longstaff ding trade name, if a	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine bunt 6,671 Mailing Address: ox, Bldg., Room No., if a	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Ne Trade Name Attention To:	dress of Employer (included the control	Longstaff ding trade name, if a	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine ount 6,671 Mailing Address: ox, Bldg., Room No., if a	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Ne Trade Name Attention To: Title	dress of Employer (included the control of the cont	Longstaff ding trade name, if a	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine ount 6,671 Mailing Address: ox, Bldg., Room No., if a P.O. Box 267 Concord New Hampshire	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Ne Trade Name Attention To:	dress of Employer (included the control of the cont	Longstaff ding trade name, if a	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine ount 6,671 Mailing Address: ox, Bldg., Room No., if a	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E Employer Ne Trade Name Attention To: Title 5.b. Termination C 5.b. Termination C	dress of Employer (includent ional Distribut Timothy President Ongoing dress of Employer (includent ional Distribut) Christopher Christopher Chief Executive Onte Ongoing dress of Employer (includent ional iona	Longstaff Longstaff ding trade name, if a	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine ount 6,671 Mailing Address: ox, Bldg., Room No., if a P.O. Box 267 Concord New Hampshire	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E Employer Ne Trade Name Attention To: Title 5.b. Termination C 5.b. Termination C	dress of Employer (included the content	Longstaff Longstaff ding trade name, if a	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine ount 6,671 Mailing Address: ox, Bldg., Room No., if a P.O. Box 267 Concord New Hampshire ount 17,601 Mailing Address:	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer Ne Trade Name Attention To: Title 5.b. Termination E 5.c. Name and Ad Employer P.	dress of Employer (includent ional Distribut Timothy President Ongoing dress of Employer (includent ional Distribut) Christopher Christopher Chief Executive Onte Ongoing dress of Employer (includent ional iona	Longstaff Longstaff ding trade name, if a cributors, LLO T Brown Officer ding trade name, if a	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine bunt 6,671 Mailing Address: ox, Bldg., Room No., if a P.O. Box 267 Concord New Hampshire bunt 17,601 Mailing Address: ox, Bldg., Room No., if a	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E Trade Name Attention To: Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer P. Trade Name	dress of Employer (included the content	Longstaff Longstaff ding trade name, if a cributors, LLO T Brown Officer ding trade name, if a	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine bunt 6,671 Mailing Address: ox, Bldg., Room No., if a P.O. Box 267 Concord New Hampshire bunt 17,601 Mailing Address: ox, Bldg., Room No., if a	ZIP Code + 4 04106-6144
5.a. Name and Ad Employer Na Trade Name Attention To: Title 5.b. Termination E Trade Name Attention To: Trade Name Attention To: Title 5.b. Termination E 5.a. Name and Ad Employer P. Trade Name	dress of Employer (included the content	Longstaff Longstaff ding trade name, if a cributors, LL T Brown Officer ding trade name, if a	ny).	P.O. Bo	Mailing Address: ox, Bldg., Room No., if a 116 Wallace Ave South Portland Maine bunt 6,671 Mailing Address: ox, Bldg., Room No., if a P.O. Box 267 Concord New Hampshire bunt 17,601 Mailing Address: ox, Bldg., Room No., if a P.O. Box 137	ZIP Code + 4 04106-6144

Name of Person Filling: Peter Bennett			File Number C-	00214
B. Statement of Receipts Report all receipts from employers in connection	with labor re	elations advice or	services regardle	ss of the purposes of the
advice or services. 5.a. Name and Address of Employer (including trade name, if any).		Mailing Addres	s:	·
		x, Bldg., Room N		·
Employer Performance Food Group		P.O. Box 26	28	
Trade Name PFG Northcenter	Street			<u> </u>
Attention To: David Crowell	i	Augusta		ZIP Code + 4 04338-2628
Title President	1	Maine		721F Code + 4 [04338=2628]
5b. Termination Date: Ongoing	5.c. Amou	unt 7,782		•
5.a. Name and Address of Employer (including trade name, if any).	P.O. Bo	Mailing Addres x, Bldg., Room N		,
Employer Pine State Trading Co.				
Trade Name	Street	100 Enterpr	ise Avenue	
Attention To: Gena Canning	City	Gardiner		
Title .	State	Maine		ZIP Code + 4 04345 - 6249
5.b. Termination Date Ongoing	5.c. Amo	unt 9,403		
5.a. Name and Address of Employer (including trade name; if any).		Mailing Addres	s:	
Dontil and Maton District		x Blda Room N P.O. Box 35	The second secon	
Employer Portland Water District	<u></u>	P.O. BOX 35	5/3	
Trade Name	Street [1
Attention To: Carrie Lewis		Portland	A.]-, T P Codo + 4 - - - - - - - - - - - -
Title General Manager	State [Maine		ZIP Code + 4 04104-3553
5.b. Termination Date Ongoing	5.c. Amou	unt 47,3,73		
5.a. Name and Address of Employer (including trade name, if any).		Mailing Addres		•
		DILL D. At		
I Employer Residential and Community Support Service	P,⊙. Bo	x.Bldg.Room N Suite F	o., if any	, , , , , , , , , , , , , , , , , , ,
Employer Residential and Community Support Service	s [Suite F		
Trade Name	Street	Suite F 1293 Main S		
	Street City	Suite F 1293 Main S Sanford		ZIP Code + 4 04073 -3773
Trade Name Attention To: Christine Tiernan Title	Street City State	Suite F 1293 Main S Sanford Maine		ZIP Gode + 4 04 073 - 3773
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing	Street City State	Suite F 1293 Main S Sanford Maine: unt 4,950	treet	ZIP Gode + 4 04 073 - 3773
Trade Name Attention To: Christine Tiernan Title	Street City State 5.c. Amo	Suite F 1293 Main S Sanford Maine: unt 4,950 Mailing Addres	treet	ZIP Code + 4 04073 - 3773
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Street City State 5.c. Amo	Suite F 1293 Main S Sanford Maine: unt 4,950	treet	ZIP Code + 4 04073 - 3773
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing	Street City State 5.c. Amo	Suite F 1293 Main S Sanford Maine: unt 4,950 Mailing Addres x. Bldg. Room N	treet	ZIP Code + 4 04073 - 3773
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Rowe Ford Sales	Street City State 5.c. Amo	Suite F 1293 Main S Sanford Maine: unt 4,950 Mailing Addres x. Bldg. Room N	treet	ZIP Code + 4 04073 - 3773
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Rowe Ford Sales: Trade Name	Street City State 5.c. Amo	Suite F 1293 Main S Sanford Maine unt 4,950 Mailing Addres x. Bldo: Room N P.O. Box 10	treet	ZIP Code + 4 04 073 - 3773
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Rowe Ford Sales Trade Name Attention To: Wallace Camp, Jr.	Street City State Street City Street City Street City State	Suite F 1293 Main S Sanford Maine: unt 4,950 Mailing Addres x Bido. Room N P.O. Box 100	treet	
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Rowe Ford Sales Trade Name Attention To: Wallace Camp, Jr. Title	Street City State Street City Street City Street City State	Suite F 1293 Main S Sanford Maine unt 4,950 Mailing Addres x. Bldo Room N P.O. Box 10 Westbrook Maine unt 13,422 Mailing Addres	s: o, if anv	
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Rowe Ford Sales: Trade Name Attention To: Wallace Camp, Jr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Street City State Street City Street City Street City State	Suite F 1293 Main S Sanford Maine unt 4,950 Mailing Addres x. Bldo Room N P.O. Box 10 Westbrook Maine unt 13,422	s: o, if anv	
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Rowe Ford Sales Trade Name Attention To: Wallace Camp, Jr. Title 5.b. Termination Date Ongoing	Street City State Street City State Street City State	Suite F 1293 Main S Sanford Maine unt 4,950 Mailing Addres x. Bldo Room N P.O. Box 10 Westbrook Maine unt 13,422 Mailing Addres	s: o, if anv s: o, if anv	
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Rowe Ford Sales Trade Name Attention To: Wallace Camp, Jr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Shalom, House	Street City State Street City State	Suite F 1293 Main S Sanford Maine: unt 4,950 Mailing Addres x.Bldg.Room N P.O. Box 10: Westbrook Maine unt 13,422 Mailing Addres x.Bldg.Room N	s: o, if anv s: o, if anv	
Trade Name Attention To: Christine Tiernan Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Rowe Ford Sales: Trade Name Attention To: Wallace Camp, Jr. Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Shalom, House Trade Name	Street City State Street Street State Street City State Street State Street Street Street Street State Street S	Suite F 1293 Main S Sanford Maine unt 4,950 Mailing Addres x. Blda. Room N P.O. Box 10 Westbrook Maine unt 13,422 Mailing Addres x. Blda. Room N 106 Gilman	s: o, if anv s: o, if anv	

Name of Person Filing: Peter Bennett	File Number C- 00214
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
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 P Scoff	City Portsmouth
Title VP, General Counsel, CCO	State New Hampshire ZIP Code + 4 03801-6836
5.b. Termination Date Ongoing	5.c. Amount 27, 3995
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Town of Warren, Maine	P.O. Box, Bldg., Room No., if any
	Street 167 Western Road
Trade Name Attention To: William Lawrence	City Warren
Title Town Manager	State Maine ZIP Code + 4 04864-4279
5.b. Termination Date 10/31/2016	5.c. Amount 231
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 anv
Trade Name	Street
Attention To: Michael Runser	City Oakland
Title	State Maine ZIP Code + 4 04963-0008
5.b. Termination Date Ongoing	5.c. Amount 10,290
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
,,,,	P.O. Box, Bldg., Room No., if any
Employer	
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:
	P.O. Box. Bldg Room No if any
Employer L	Street
Trade Name	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: P.O. Box, Bldg., Room No., if any
Employer	
Trade Name	Street
Attention To:	City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount

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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.