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: 08-31-2016

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

618207

1 . File Number C -00214	2. Period Covered Month/Day/Year Month/Day/Year Month/Day/Year (mm/dd/yyyy)
	From: 01/01/2015 Through: 12/31/2015
A. Person Filing	
Name and mailing address (include ZIP Code):	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 7799 Street City Portland State Maine ZIP Code + 4 04112-7799	P.O. Box, Building and Room Number, if any Suite 300 Street 121 Middle Street City Portland State Maine ZIP Code + 4 04101-7109
Signa	tures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	Treasurer (If other title, see instructions)
On 03/28/2016 (207) 773-4775 Date Telephone Number	On 03 / 28 / 2016 (207) 773-4775 Date Telephone Number

Name of Person F	ling	Peter Bennett						File Number C- 00214		
B. Statement of F	Rec	eipts Report all receipts from	m employers ir	connec	ion wi	ith labor relatio	ns advice or serv	ices regardless of the purpo	ses	of the advice
5 a Name and Add	_	or services.			_					
5.a. Name and Addr	ess	of Employer (including trade na	ame, if any).				Mailing Address: Building and Roon	Number if any		
Employer A	າດຣ	keag Beverages, LI	rc .				0.0. Box 114			
Trade Name						Street			_	
Attention To	Th	omas A B	ıllock]	City C	oncord			J
Title						State N	ew Hampshir	e ZIP Code	+ 4	03302-1148
						<u></u>				
5.b. Termination	Date	Ongoing			-	5.c. Amour	nt 6,572			
6. TOTAL RECEIF	rts	FROM ALL EMPLOYERS	751,738							
			_							
C. Statement of E	isb		sbursements r	nade by	he re	porting organiz	ation in connectic	on with labor relations advice		senires rendered
		to the emplo	yers listed in F	Part B.		rotting organiz		With labor relations advice	5 01 3	services rendered
7. Disbursements to (a) Name	Off	icers and Employees:	(b) Salary	(c) Expen	ses (d)) Totals				
Peter		Bennett	234,134	Ì :	<u></u>	234,134	9. Office and A	dministrative Expenses		197,546
Charles	J	Carbonneau	31,490		0	31,490	 		-	15,039
Frederick	В	Finberg	125,152		0	125,152		ofessional Services	\vdash	33,618
Laurie	Α	Proctor	24,694		0	24,694			┢	0
Joanne	I	Simonelli	57,025		0	57,025	13. Other Disbu	rsements	 	
8. Total disbursem	ents	to officers and employees				472,495	14. Total Disburs	ements (Sum of Items 8-13)	_	718,698
						-				
D. Schodule of Di		irsements for Reportable	A adjuste a se							
	SUL	insements for Reportable	-	Jse this t instruction	schedi 1s.	ule to report or	nly disbursements	made for the purposes des	cribe	ed in Part D of the
15.a. Employer Na	me					15.b. Trade	Name, If any:	· · · · · · · · · · · · · · · · · · ·		<u> </u>
15.c. To Whom Pa	id			<u></u>		15.d. Amou	ınt		==	
Name						45 0				
Title					٦	15.e. Purpo	ose	····		
Organization					_ 	٦				
						J				
P.O. Box, Buildi	ng a	and Room Number, if any								
Street						-				
City				J						
State Washir	gt	on ZIF	Code + 4			1				
		MENTS FOR ALL REPOR		TY TY		<u> </u>			_	
			- /**							

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 Associated Grocers of New England, Inc.	P.O. Box, Bldg., Room No., if any
Trade Name	Street
Attention To: Steven Murphy	City Pembroke
Title Sr. V.P. Finance & Administration	
of. V.I. Indice & Administration	
5.b. Termination Date Ongoing	5.c. Amount 30,507
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Auburn 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	5.c. Amount 4 , 698
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Bayside Distributing, Inc.	P.O. Box. Blda Room No if anv
Trade Name	Street
Attention To: Mark McCaddin	
Title	
	13042 0710
5.b. Termination Date Ongoing	5.c. Amount 2,488
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Bellavance Beverage Company, Inc.	
Trade Name	Street 120 Northwest Boulevard
Attention To: Joseph Bellavance, Sr.	City Nashua
Title	State New Hampshire ZIP Code + 4 03063-4006
5.b. Termination Date Ongoing	5.c. Amount 3, 184
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Benevento Sand & Stone Corp.	P.O. Box. Blda Room No if anv P.O. Box 454
Trade Name	Street
Attention To: Robert Peckham	
Title	
nue	State Massachusetts ZiP Code + 4 01887-0454
5.b. Termination Date Ongoing	5.c. Amount 15,750
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Blda., Room No., if any
Employer Coca-Cola Bottling Co. of No. New England	
Trade Name	Street 1 Executive Park
Attention To: Mark Francoeur	City Bedford
Title President	State New Hampshire ZIP Code + 4 03110-6913
5.b. Termination Date Ongoing	5.c. Amount 106, 952

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 Crystal Motor Express, Inc.	P.O. Box, Bldg., Room No., if any
Trade Name	Street 10 Kimball Lane
Attention To: Fran Lang	City Lynnfield
Title Controller	State Massachusetts ZIP Code + 4 01940
5.b. Termination Date Ongoing	5.c. Amount 85,028
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Cumberland County Federal Credit Union	
Trade Name	Street 101 Gray Road
Attention To: Karen Smith	City Falmouth
Title Chief Operating Officer	State Maine ZIP Code + 4 04105-2029
5.b. Termination Date Ongoing	5.c. Amount 6, 702
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Down East Credit Union	P.O. Box. Blda Room No if anv
Trade Name	Street
Attention To: Donna Cochran	City Baileyville
Title	State Maine ZIP Code + 4 04694-0130
5.b. Termination Date Ongoing	5.c. Amount 9, 001
5.b. Termination Date Origoting	S.C. Amount [9,001
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Federal Distributors, Inc.	P.O. Box 2007
Trade Name	Street
Attention To: John Cronin	City Lewiston
Title	State Maine ZIP Code + 4 04241-2007
5.b. Termination Date Ongoing	5.c. Amount 6 , 447
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Flowers Foods, Inc.	P.O. Box. Blda Room No if anv P.O. Box 1900
	Street
Attention To: Michael McCall Title President	City Auburn State Maine ZIP Code + 4 04211-1900
Inte President	State Maine ZIP Code + 4 04211-1900
5.b. Termination Date Ongoing	5.c. Amount 65, 786
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Blda Room No if anv
Employer Franklin-Somerset Federal Credit Union	
Trade Name	Street 26 Leavitt Street
Trade Name Attention To: Karen Greenleaf	
	Street 26 Leavitt Street

Name of Person Filing: Peter Bennett	File Number C- 00214
B. Statement of Receipts Report all receipts from employers in connection was advice or services.	rith 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 Frannie Peabody House	P.O. Box, Bidg., 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 5,472
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Goodwill Industries of Northern New Englan	P.O. Box, Bldq., Room No., if any ad Suite 300
Trade Name	Street 75 Washington Avenue
Attention To: Steven Hayes	City Portland
Title	State Maine ZIP Code + 4 04101
5.b. Termination Date Ongoing	5.c. Amount 33,132
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Great State Beverages, Inc.	P.O. Box. Blda Room No if any P.O. Box 16650
Trade Name	Street
Attention To: Robert Koslowsky	City Hookset
Title	State New Hampshire ZIP Code + 4 03106-6550
5.b. Termination Date Ongoing	5.c. Amount 13, 987
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Wandard David Co.	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
President	State Maine ZIP Code + 4 04443-0149
5.b. Termination Date Ongoing	5.c. Amount 2, 951
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Holcim (US) Inc.	P.O. Box, Bldg., Room No., if anv
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 30, 545
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Lois' Natural Marketplace, Inc.	P.O. Box. Bldg. Room No if any Box 15
Trade Name	Street 152 U.S. Route 1
Attention To: Dan Porta	City Scarborough
Title	State Maine ZIP Code + 4 04074-8365
5.b. Termination Date Ongoing	5.c. Amount [8,579]

Name of Person Filing: Peter Bennett		File Numbe	er C- 00214
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor rela	ations advice or services rega	ardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Maine Distributors, Inc.	P.O. Box	, Bldg., Room No., if any	
Trade Name	Street 5	Coffey Street	
Attention To: Scott Solman	<u>-</u>	Bangor	
Title	<u> </u>	Maine	ZIP Code + 4 04401-5757
	<u> </u>		01101 3737
5.b. Termination Date Ongoing	5.c. Amoun	nt 4,907	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: Bldg., Room No., if any	
Employer Maine State Credit Union		7.0. Box 5659	
Trade Name	Street		
Attention To: Normand R Dubreuil	City A	ugusta	
Title	State M	aine	ZIP Code + 4 04332-5659
5.b. Termination Date Ongoing	E - A	- Le 207	
	5.c. Amour		<u>-</u>
5.a. Name and Address of Employer (including trade name, if any).	P.O. Boy	Mailing Address: . Bldg Room No if any	
Employer Manor on the Hill Corp.		50 North Main Street	
Trade Name Manor on the Hill	Street		
Attention To: Bharti Bhakta	City L	eominster	
Title	State M	assachusetts	ZIP Code + 4 01453-5499
5.b. Termination Date 11/12/2015	5.c. Amour	nt 6,161	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
	P.O. Box,	Mailing Address: , Bldg., Room No., if any	
Employer Milestone Foundation of New England, Inc.		, Bldg., Room No., if any	
Employer Milestone Foundation of New England, Inc.	Street 6	Bldg., Room No., if any 5 India Street	
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler	Street 65	, Bldg., Room No., if any 5 India Street ortland	ZIP Code + 4
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title	Street 65	Bldg., Room No., if any 5 India Street	ZIP Code + 4 04101
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler	Street 65	5 India Street ortland	ZIP Code + 4 04101
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title	Street 6: City Po State Ma	5 India Street ortland aine nt 8,617 Mailing Address:	ZIP Code + 4 04101
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Street 6: City Po State Ma	Bldg., Room No., if any 5 India Street ortland aine nt 8,617	ZIP Code + 4 04101
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc.	Street 6: City Po State Mia 5.c. Amour	Bldg., Room No., if any 5 India Street ortland aine nt 8,617 Mailing Address: Bldg., Room No., if any	ZIP Code + 4 04101
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name	Street 6: City Po State Ma 5.c. Amour P.O. Box. Street 11	Bldg., Room No., if any 5 India Street ortland aine nt 8,617 Mailing Address: Bldg., Room No., if any	ZIP Code + 4 04101
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name Attention To: Jeffrey D Kane	Street 6: City Po State Ma 5.c. Amour P.O. Box. Street 11 City Sc	Bldg., Room No., if any 5 India Street ortland aine nt 8,617 Mailing Address: Bldg., Room No., if any 16 Wallace Avenue outh Portland	
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name Attention To: Jeffrey D Kane Title President	Street 6! City Po State Ma 5.c. Amour P.O. Box. Street 11 City Sc State Ma	Bldg., Room No., if any 5 India Street ortland aine nt 8,617 Mailing Address: Bldg., Room No., if any 16 Wallace Avenue outh Portland aine	ZIP Code + 4 04101 ZIP Code + 4 04106-6144
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name Attention To: Jeffrey D Kane	Street 6: City Po State Ma 5.c. Amour P.O. Box. Street 11 City Sc	Bldg., Room No., if any 5 India Street ortland aine nt 8,617 Mailing Address: Bldg., Room No., if any 16 Wallace Avenue outh Portland aine	
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name Attention To: Jeffrey D Kane Title President	Street 6.9 City Po State Ma 5.c. Amour P.O. Box. Street 11 City Sc State Ma 5.c. Amour	Bldg., Room No., if any 5 India Street ortland aine nt [8,617] Mailing Address: Bldg., Room No., if any 16 Wallace Avenue outh Portland aine nt [4,704] Mailing Address:	
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name Attention To: Jeffrey D Kane Title President 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Street 6: City Po State Ma 5.c. Amour P.O. Box. Street 11 City Sc State Ma 5.c. Amour P.O. Box.	Bldg., Room No., if any 5 India Street ortland aine nt 8,617 Mailing Address: Bldg., Room No., if any 16 Wallace Avenue outh Portland aine nt 4,704	
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Temination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name Attention To: Jeffrey D Kane Title President 5.b. Temination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer New Hampshire Distributors, LLC	Street 6: City Po State Ma 5.c. Amour P.O. Box. City Sc State Ma 5.c. Amour	Mailing Address:	
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name Attention To: Jeffrey D Kane Title President 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any).	Street 6: City Po State Ma 5.c. Amour P.O. Box. City Sc State Ma 5.c. Amour P.O. Box. Street 1: City Sc State Ma 5.c. Amour	Bldg, Room No., if any 5 India Street ortland aine nt 8,617 Mailing Address: Bldg, Room No., if any 16 Wallace Avenue outh Portland aine nt 4,704 Mailing Address: Bldg., Room No., if any 0. Box 267	
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name Attention To: Jeffrey D Kane Title President 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer New Hampshire Distributors, LLC Trade Name Attention To: Christopher T Brown	Street 6! City Po State Ma 5.c. Amour P.O. Box. Street 11 City Sc State Ma 5.c. Amour P.O. Box.	Bldg., Room No., if any 5 India Street ortland aine nt 8,617 Mailing Address: Bldg., Room No., if any 16 Wallace Avenue outh Portland aine nt 4,704 Mailing Address: Bldg., Room No., if any .O. Box 267	ZIP Code + 4 04106-6144
Employer Milestone Foundation of New England, Inc. Trade Name Attention To: Robert Fowler Title 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer National Distributors, Inc. Trade Name Attention To: Jeffrey D Kane Title President 5.b. Termination Date Ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer New Hampshire Distributors, LLC Trade Name Attention To: Christopher T Brown	Street 6: City Pc State Ma 5.c. Amour P.O. Box. City Sc State Ma 5.c. Amour P.O. Box. City Sc State Ma 5.c. Amour	Bldg, Room No., if any 5 India Street ortland aine nt 8,617 Mailing Address: Bldg, Room No., if any 16 Wallace Avenue outh Portland aine nt 4,704 Mailing Address: Bldg., Room No., if any 0. Box 267	

Name of Person F	iling: Peter Benne	ett			File N	lumber C- 00:	214
B. Statement of I	Receipts Report all re advice or service	eceipts from employers ces.	in connection v	with labor r	relations advice or services	regardless of	f the purposes of the
5.a. Name and Add	dress of Employer (inc	luding trade name, if an	y).		Mailing Address:		
Employer P.	F.B. Inc.			P.O. B	ox, Bldg., Room No., if any P.O. Box 137	· · · · · · · · · · · · · · · · · · ·	
Trade Name	Prunier's Mark	ret		Street			
	William	Prunier		City	Bomoseen		
Title	Treasurer	1[][120.202		State	Vermont	ZIP	Code + 4 05732-0137
5.b. Termination Da	ate Ongoing			5.c. Amo	ount 1,080		
5.a. Name and Add	dress of Employer (inc	luding trade name, if any	у).	PO B	Mailing Address: ox, Bldg., Room No., if any		
Employer Pe	rformance Food	Group			P.O. Box 2628		
Trade Name	PFG Northcente			Street			
Attention To:	David	Crowell		City	Augusta		
Title	President	<u> </u>		State	Maine	ZIP	Code + 4 04338-2628
5.b. Termination D	ate Ongoing			5.c. Amo	ount 8,988		
5.a. Name and Add	dress of Employer (inc	luding trade name, if an	y).		Mailing Address:	,	
Employer Pi	ne State Tradi	ng Co.		P.O. B	ox. Blda., Room No., if anv	···	
Trade Name				J Street	47 Market Street		
1	Gena	Canning			Gardiner		
Title		[][ca		- .	Maine	ZIF	Code + 4 04345
5.b. Termination Da	ate Ongoing				ount 35,874		[0.0010]
5.a. Name and Add	dress of Employer (incl	luding trade name, if any	y).		Mailing Address:		
Employer Roy	we Ford Sales			P.O. B	px, Bldg., Room No., if any 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 D	ete Ongoing			<u> </u>	ount 6,403		<u> </u>
				5.C. Am			
5.a. Name and Add	lress of Employer (incl	luding trade name, if any	y).	PO B	Mailing Address: ox. Bldg Room No if any		
Employer Sha	alom House				DA. DIGG.: NOOH NO.: II ally		
Trade Name				Street	106 Gilman Street		
Attention To:	Thomas	Rowan		City	Portland		
Title				State	Maine	ZIP	Code + 4 04102
5.b. Termination D	ate Ongoing			5.c. Amo	ount 375		
		luding trade name, if any	•	P.O. Bo	Mailing Address:		
Employer Spi	rague Operating	g Resources, LLO	3				
) Т	Sprague Energy			Street	185 International	Drive	
Attention To:	J	PScoff		City	Portsmouth		
Title				State	New Hampshire	ZIP	Code + 4 03801-6836
5.b. Termination D	ate Ongoing			5.c. Amo	ount 203,713		

		File Number C- 00214
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice of	r services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addre	
Employer Valley Distributors, Inc.	P.O. Box, Bldg., Room !	No., if any
	P.O. Box 8	PETITURE AND THE PETITU
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 7,893	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres	
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 Addres	55:
	P.O. Box. Blda Room N	
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 Addres	s:
5.a. Name and Address of Employer (including trade name, if any). Employer	Mailing Addres P.O. Box, Bldg., Room N	is: lo., if any
	Mailing Addres P.O. Box, Bldg., Room N	is: lo., if any
Employer	P.O. Box, Bldg., Room N	is: lo., if any
Employer	P.O. Box, Bldg., Room N	ZIP Code + 4
Employer Trade Name Attention To: Title	P.O. Box, Bldg., Room N Street City State	lo., if any
Employer Trade Name Attention To:	P.O. Box, Bldg., Room N Street City	lo., if any
Employer Trade Name Attention To: Title	P.O. Box, Bldg., Room N Street City State 5.c. Amount Mailing Addres	ZIP Code + 4
Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	P.O. Box, Bldg., Room N Street City State 5.c. Amount	ZIP Code + 4
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Organization:

The Bennett Law Firm, P.A.

File Number:

C-00214

For the Period Ending:

December 31, 2015

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 Manor on the Hill Corp. for Fiscal Year Ending 12/31/2015
- Form LM-20 filed by The Bennett Law Firm, P.A. in regards to Manor on the Hill Corp. for Fiscal Year Ending 12/31/2015
- Form LM-10 filed by Crystal Motor Express, Inc. for Fiscal Year Ending 12/31/2015
- Form LM-20 filed by The Bennett Law Firm, P.A. in regards to Crystal Motor Express, Inc. for Fiscal Year Ending 12/31/2015

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 47% of the firm's total receipts for the time period covered by this report. As such, we have allocated 47% of our total disbursements for Items 7-14 accordingly.