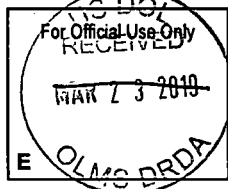


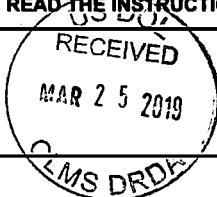
FORM LM-21

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. 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



695319

1. File Number C- 00214	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2018		12 / 31 / 2018

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	Suite 201
Street	75 Market Street
City	Portland
State	Maine
ZIP Code + 4	04101-5031
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	
Street	
City	
State	
ZIP Code + 4	

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	Treasurer
On	03 / 19 / 2019	On	03 / 19 / 2019
Date		Date	
Telephone Number	(207) 773-4775	Telephone Number	(207) 773-4775

Name of Person Filing: Peter Bennett

File Number C- 00214

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

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

Employer Amoskeag Beverages, LLC

P.O. Box 1148

Trade Name

Street

Attention To Ed

Murphy

City

Concord

Title President

State

New Hampshire

ZIP Code + 4

03302-1148

5.b. Termination Date Ongoing

5.c. Amount 12,888

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 380,512

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

Ashely	E	Arra	1,131	0	1,131	9. Office and Administrative Expenses	69,176
Peter		Bennett	157,710	0	157,710	10. Publicity	6,177
Charles	J	Carbonneau	10,330	0	10,330	11. Fees for Professional Services	19,918
Frederick	B	Finberg	64,400	0	64,400	12. Loans Made	0
Timothy	H	Powell	12,771	0	12,771	13. Other Disbursements	0
8. Total disbursements to officers and employees:					273,387	14. Total Disbursements (Sum of Items 8-13)	368,658

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 Artist & Craftsman Supply		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1053 Forest Avenue	
Attention To: Cala <input type="checkbox"/> Patterson		City Portland	
Title		State Maine ZIP Code + 4 04103-3380	
5.b. Termination Date Ongoing		5.c. Amount 8,456	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Auburn Motor Sales		P.O. Box, Bldg., Room No., if any	
Trade Name Rowe Auburn		P.O. Box 500	
Attention To: Wallace <input type="checkbox"/> Camp, Jr.		Street	
Title		City Auburn	
		State Maine ZIP Code + 4 04212-0500	
5.b. Termination Date Ongoing		5.c. Amount 6,808	
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	
Trade Name		P.O. Box 710	
Attention To: Mark <input type="checkbox"/> McCaddin		Street	
Title		City Epping	
		State New Hampshire ZIP Code + 4 03042-0710	
5.b. Termination Date Ongoing		5.c. Amount 3,745	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Bellavance Beverage Company, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1000 Quality Drive	
Attention To: Joseph <input type="checkbox"/> Bellavance, Sr.		City Hookset	
Title		State New Hampshire ZIP Code + 4 03106-2625	
5.b. Termination Date Ongoing		5.c. Amount 3,900	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Benevento Sand & Stone Corp.		P.O. Box, Bldg., Room No., if any	
Trade Name		P.O. Box 454	
Attention To: Robert <input type="checkbox"/> Peckham		Street	
Title		City Wilmington	
		State Massachusetts ZIP Code + 4 01887-0454	
5.b. Termination Date Ongoing		5.c. Amount 11,952	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Coca Cola Bottling Co. of Nrthrn New Eng.		P.O. Box, Bldg., Room No., if any	
Trade Name		Suite 330	
Attention To: Mark <input type="checkbox"/> Francoeur		Street 1 Executive Park Drive	
Title President		City Bedford	
		State New Hampshire ZIP Code + 4 03110-6913	
5.b. Termination Date Ongoing		5.c. Amount 72,278	

Name of Person Filing: Peter Bennett

File Number C- 00214

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Creative Work Systems

Trade Name

Attention To: Stephen

Hawkes

Title

Street 10 Speirs Street

City Westbrook

State Maine

ZIP Code + 4 04092-4122

5.b. Termination Date Ongoing

5.c. Amount 9,016

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

Attention To: Karen

Smith

Title

Chief Operating Officer

Street 101 Gray Road

City Falmouth

State Maine

ZIP Code + 4 04105-2029

5.b. Termination Date Ongoing

5.c. Amount 3,764

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Down East Credit Union

Trade Name

Attention To: Donna

Cochran

Title

P.O. Box 130

Street

City Baileyville

State Maine

ZIP Code + 4 04694-0130

5.b. Termination Date Ongoing

5.c. Amount 5,342

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Flowers Foods, Inc.

Trade Name

Lepage Bakeries

Attention To: Peter

Roy

Title

Vice-President

Street

City Auburn

State Maine

ZIP Code + 4 04211-1900

5.b. Termination Date Ongoing

5.c. Amount 32,620

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Franklin-Somerset Federal Credit Union

Trade Name

Attention To: Beverly

Knapp

Title

Street 26 Leavitt Street

City Skowhegan

State Maine

ZIP Code + 4 04976-1842

5.b. Termination Date Ongoing

5.c. Amount 4,418

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Frannie Peabody Center

Trade Name

Attention To: Lorena

Delcourt

Title

Street 30 Danforth Street

City Portland

State Maine

ZIP Code + 4 04101-4502

5.b. Termination Date Ongoing

5.c. Amount 6,691

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 <input type="text" value="Goodwill Industries of No. New England"/>		P.O. Box, Bldg., Room No., if any <input type="text" value="Unit 1"/>	
Trade Name <input type="text"/>		Street <input type="text" value="34 Hutcherson Drive"/>	
Attention To: <input type="text" value="Sandy"/> <input type="checkbox"/> <input type="text" value="Bissell"/>		City <input type="text" value="Gorham"/>	
Title <input type="text"/>		State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04038-2750"/>	
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="48,258"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Hardwood Products Company, LLC"/>		P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. Box 149"/>	
Trade Name <input type="text"/>		Street <input type="text"/>	
Attention To: <input type="text" value="Terrance"/> <input type="checkbox"/> <input type="text" value="Young"/>		City <input type="text" value="Guilford"/>	
Title <input type="text" value="President"/>		State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04443-0149"/>	
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="3,800"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Lois' Natural Marketplace, Inc."/>		P.O. Box, Bldg., Room No., if any <input type="text" value="Box 15"/>	
Trade Name <input type="text"/>		Street <input type="text" value="152 U.S. Route 1"/>	
Attention To: <input type="text" value="Dan"/> <input type="checkbox"/> <input type="text" value="Porta"/>		City <input type="text" value="Scarborough"/>	
Title <input type="text"/>		State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04074-8365"/>	
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="2,837"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Maine Distributors, Inc."/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="5 Coffey Street"/>	
Attention To: <input type="text" value="Doug"/> <input type="checkbox"/> <input type="text" value="Solman"/>		City <input type="text" value="Bangor"/>	
Title <input type="text"/>		State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04401-5757"/>	
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="5,821"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Maine State Credit Union"/>		P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. Box 5659"/>	
Trade Name <input type="text"/>		Street <input type="text"/>	
Attention To: <input type="text" value="Normand"/> <input type="checkbox"/> <input type="text" value="Dubreuil"/>		City <input type="text" value="Augusta"/>	
Title <input type="text"/>		State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04332-5659"/>	
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="2,118"/>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Milestone Recovery"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="65 India Street"/>	
Attention To: <input type="text" value="Robert"/> <input type="checkbox"/> <input type="text" value="Fowler"/>		City <input type="text" value="Portland"/>	
Title <input type="text"/>		State <input type="text" value="Maine"/> ZIP Code + 4 <input type="text" value="04101-4209"/>	
5.b. Termination Date <input type="text" value="Ongoing"/>		5.c. Amount <input type="text" value="5,606"/>	

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>National Distributors, Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		Street <u>116 Wallace Avenue</u>	
Attention To: <u>Timothy</u> <input type="checkbox"/> <u>Longstaff</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>3,096</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>New Hampshire Distributors, LLC</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		P.O. Box <u>267</u>	
Attention To: <u>Christopher</u> <input type="checkbox"/> <u>T Brown</u>		Street <u></u>	
Title <u>Chief Executive Officer</u>		City <u>Concord</u>	
		State <u>New Hampshire</u> ZIP Code + 4 <u>03302-0267</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>11,020</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>P.F.B., Inc.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>Prunier's Market</u>		P.O. Box <u>137</u>	
Attention To: <u>William</u> <input type="checkbox"/> <u>Prunier</u>		Street <u></u>	
Title <u>Treasurer</u>		City <u>Bomoseen</u>	
		State <u>Vermont</u> ZIP Code + 4 <u>05732-0137</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>990</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Performance Food Group</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u>PFG Northcenter</u>		P.O. Box <u>2628</u>	
Attention To: <u>David</u> <input type="checkbox"/> <u>Crowell</u>		Street <u></u>	
Title <u>President</u>		City <u>Augusta</u>	
		State <u>Maine</u> ZIP Code + 4 <u>04338-2628</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>6,626</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Pine State Trading Co.</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		P.O. Box <u></u>	
Attention To: <u>Nick</u> <input type="checkbox"/> <u>Alberding</u>		Street <u>100 Enterprise Avenue</u>	
Title <u></u>		City <u>Gardiner</u>	
		State <u>Maine</u> ZIP Code + 4 <u>04345-6249</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>7,984</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Residential and Community Support Services</u>		P.O. Box, Bldg., Room No., if any	
Trade Name <u></u>		P.O. Box <u></u>	
Attention To: <u>Christine</u> <input type="checkbox"/> <u>Tiernan</u>		Street <u>8 Pomerleau Street</u>	
Title <u></u>		City <u>Biddeford</u>	
		State <u>Maine</u> ZIP Code + 4 <u>04005-9457</u>	
5.b. Termination Date <u>Ongoing</u>		5.c. Amount <u>9,421</u>	

Name of Person Filing: Peter Bennett		File Number C- 00214	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Rowe Ford Sales	P.O. Box, Bldg., Room No., if any	P.O. Box 109
Trade Name		Street	
Attention To:	Wallace <input type="checkbox"/> Camp, Jr.	City	Westbrook
Title		State	Maine ZIP Code + 4 04098-0109
5.b. Termination Date Ongoing		5.c. Amount 4,282	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Shalom House	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	106 Gilman Street
Attention To:	Mary <input type="checkbox"/> Haynes-Rodgers	City	Portland
Title	Executive Director	State	Maine ZIP Code + 4 04102-3034
5.b. Termination Date Ongoing		5.c. Amount 5,634	
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 <input type="checkbox"/> 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 71,124	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Valley Beverage	P.O. Box, Bldg., Room No., if any	P.O. Box 8
Trade Name		Street	
Attention To:	Michael <input type="checkbox"/> Runser	City	Oakland
Title		State	Maine ZIP Code + 4 04963-0008
5.b. Termination Date Ongoing		5.c. Amount 10,017	
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:	<input type="checkbox"/> <input type="checkbox"/>	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:	<input type="checkbox"/> <input type="checkbox"/>	City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	

7. Disbursements to Officers and Employers:

[illegible]

Organization: **The Bennett Law Firm, P.A.**
File Number: **C-00214**
For the Period Ending: **December 31, 2018**

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 persuader activity was undertaken and for whom separate records were maintained:

- Form LM-10 filed by Amoskeag Beverages, LLC for Fiscal Year Ending 12/31/2018
- Form LM-20 filed by The Bennett Law Firm, P.A. in regards to an agreement with and payment from Amoskeag Beverages, LLC for Fiscal Year Ending 12/31/2018
- Form LM-10 filed by Coca-Cola Bottling Company of Northern New England for Fiscal Year Ending 12/31/2018
- Two Forms LM-20 filed by The Bennett Law Firm, P.A. in regards to agreements with and payments from Coca-Cola Bottling Company of Northern New England for Fiscal Year Ending 12/31/2018
- Two Forms LM-20 filed by The Bennett Law Firm, P.A. in regards to payments from Coca-Cola Bottling Company of Northern New England in Fiscal Year Ending 12/31/2018 for agreements made in Fiscal Year Ending 12/31/2017
- Form LM-10 filed by Frannie Peabody Center for Fiscal Year Ending 12/31/2018
- Form LM-20 filed by The Bennett Law Firm, P.A. in regards to an agreement with and payment from Frannie Peabody Center for Fiscal Year Ending 12/31/2018

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