

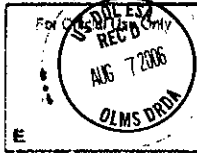
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-C188
Expires 11-30-2006

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. 449 or 440.
Required of persons including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(a) of the Labor-Management Relations and Disclosure Act of 1959, as amended, (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. Fds Number: C- <u>613</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	From:	<u>07/07/06</u>	Through: <u>12/31/06</u>

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 <u>REGGIE E. HOCKENBERRY</u>	Name
Title <u>Principal</u>	Title
Organization <u>H R Connect</u>	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street <u>33 BELVIDERE ST.</u>	Street
City <u>NAZARETH</u>	City
State <u>PA</u> ZIP Code + 4 <u>18064</u>	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 <u>[Signature]</u> President (If other title, see instructions)	18. Signed <u>[Signature]</u> Treasurer (If other title, see instructions)
Title <u>President</u>	Title <u>Treasurer</u>
On <u>07/27/06</u> Date <u>(610) 759-8661</u> Telephone Number	On <u>07/27/06</u> Date <u></u> Telephone Number

Name of Person Filing <u>REGINALD E. HOCKENBERRY</u>		File Number C-	
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>OMEGA SCHOOL</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>969 POTAL RD</u>	
Attention To <u>William Hutton</u>		City <u>Adelantown</u>	
Title <u>President</u>		State <u>PA</u> ZIP Code + 4 <u>17102</u>	
5.b. Termination Date <u>7/17/06</u>		5.c. Amount <u>Approximately \$9,000.00</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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
8. Total disbursements to officers and employees:			
			9. Office and Administrative Expenses
			10. Publicity
			11. Fees for Professional Services
			12. Loans Made
			13. Other Disbursements
			14. Total Disbursements (Sum of Items 9-13)

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		15.d. Amount	
Name		15.e. Purpose	
Title		<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em; opacity: 0.5;"> </div> </div>	
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State <u>Washington</u> ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			
<u>Approximately \$9,000.00 No amounts made to date 7/27/06</u>			