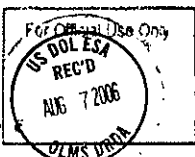


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 435 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 613

Person Filing	
2. Name and mailing address (include ZIP Code): Name: <u>REGINALD E. HOCKENBERRY</u> Title: <u>PRINCIPAL</u> Organization: <u>HR CONNECT</u> P.O. Box, Bldg., Room No., if any: Street: <u>33 BELVIDERE ST.</u> City: <u>NAZARETH</u> State: <u>PA</u> ZIP Code + 4: <u>18060</u>	3. Any other address where records necessary to verify this report are kept: Name: Title: Organization: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:
4. Date fiscal year ends: <u>12/31/06</u>	5. Type of person: a <input checked="" type="checkbox"/> Individual b <input type="checkbox"/> Partnership c <input type="checkbox"/> Corporation d <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name: <u>William Hutton</u> Organization: <u>OMEGA SERVAC</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: <u>969 POSTAL RD</u> City: <u>ATGENTOWN</u> State: <u>PA</u> ZIP Code + 4: <u>18102</u>	7. Date entered into: <u>07/07/06</u> 8. Name of person(s) through whom made: Name: Name: Name: Name:

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 Section VII on penalties in the instructions.)

13. Signed: <u>[Signature]</u> Title: <u>President</u> On: <u>7/27/06</u> Date <u>(660) 759-8661</u> Telephone Number	14. Signed: _____ Title: <u>Treasurer</u> On: _____ Date _____ Telephone Number
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Filer	File Number C-
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.

b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail, see instructions. Written agreements must be attached.):

TO PROVIDE SERVICES RELATIVE TO ORGANIZING CAPTAIN - OWELA
SERVAC VS SHEETMETAL WORKERS LOCAL 19, PHILADELPHIA.
CONSULTANT TO B2 COMPENSATED AT \$150.00 PER HOUR
UNTIL AUGUST 17, 2006, THE DATE OF ELECTION.
(NO WRITTEN AGREEMENT WAS CREATED)

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p style="font-family: cursive;">TO PERSUADE EMPLOYEES TO VOTE NO.</p>	
<p>11 b. Period during which performed:</p> <p style="font-family: cursive;">7/7/06 TO 8/17/06</p>	<p>11 c. Extent performed:</p> <p style="font-family: cursive;">ONGOING TO 8/17/06</p>
<p>11 d. Name and address through whom performed:</p> <p>Name N/A</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12 a. Identify subject groups of employees:</p> <p style="font-family: cursive;">EMPLOYEES OF OWELA SERVAC AT 969 POSTAL RD. LOCATION, ALLANTOWN, PA.</p>	<p>12 b. Identify subject labor organizations:</p> <p style="font-family: cursive;">SHEETMETAL WORKERS LOCAL 19 PHILADELPHIA, PA</p>

H.R.

CONNECT

"The H.R. Partner of Choice"

Ms. Betha,

Thanks For Your Help!!

Go "Redskins"

Reggie
Hockenberry

Reggie Hockenberry, Principal • Email: hr_connect@yahoo.com

33 Belvidere Street • Nazareth, PA 18064 • Phone: 610.759.8661 • Fax: 610.746.9946