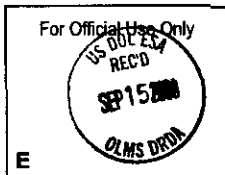


# FORM LM-21

## RECEIPTS AND DISBURSEMENT'S REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 12-31-2010

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

3608407

1. File Number C- <u>613</u>	2. Period Covered By This Report From: <u>09 / 04 / 2008</u> Through: <u>09 / 04 / 2008</u>
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<b>A. Person Filing</b>	
3. 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, Building and Room Number, if any  Street <u>33 Belvidere Street</u>  City <u>Nazareth</u>  State <u>Pennsylvania</u> ZIP Code + 4 <u>18064</u>	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 <u>[Signature]</u> President Title <u>President</u> On <u>09/05/08</u> Date <u>610-259-2661</u> Telephone Number	18. Signed _____ Treasurer Title <u>Treasurer</u> On <u>1 / 1</u> Date _____ Telephone Number
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Name of Person Filing: Reginald Hockenberry	File Number C-
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<b>B. Statement of Receipts</b> 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 Arkema Inc	
Trade Name	Street 2000 Market Street
Attention To Eric A Tilles	City Philadelphia
Title General Counsel	State Pennsylvania ZIP Code + 4 19103
5.b. Termination Date Approx 10/31/08	5.c. Amount 10,000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,000	

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

<b>D. Schedule of Disbursements for Reportable Activity</b>		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		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

## **Consultant Agreement**

**Arkema Inc and**

**HR Connect**

**September 4, 2008**

1. **Agreement:** Agreement as of September 4, 2008 between **Arkema Inc, Philadelphia, Pa.** and **HR Connect, Nazareth, Pa..** The project scope will consist of providing consulting expertise in conducting union organization campaign strategies and information provided to affected employees during the campaign period at the Kensinton Plant Location.
2. **Period of Performance:** The project will commence as of September 4, 2008 and will be completed with the conclusion of the organization election and any required subsequent work assigned to HR Connect.
3. **Permissions & Releases:** The client agrees to indemnify and hold harmless HR Connect, its Principal and assignees against any and all claims, costs and expenses, including attorney's fees that may arise during or after the performance of these Human Resource Services.
4. **Payment & Fees:** The fee for this project will be billed at an hourly rate of \$225.00. Additional expenses incurred as a direct result of this project may also be invoiced to the client. Payment is to be made by the client to HR Connect within thirty (30) days of the submission of the invoice for the project.
5. **Termination for Convenience:** The Agreement may be terminated at any time by either party giving the other party at least thirty (30) days written notice of termination. In the event the agreement is terminated by the client, HR Connect will have the right to invoice for all work completed to the date of the termination.

6. **Agreed Modification:** Any agreement to change the terms of this agreement in any way will be valid only if the change is made in writing and approved by mutual agreement of the authorized representatives of the parties hereto. If any provision of this Agreement is found to be unlawful, void, or for any reason unenforceable, then the provisions will be deemed severable from this agreement and will not affect the validity and enforceability of any remaining provisions.

The Parties indicate their agreement to the above terms by their signatures below.

**On Behalf of Arkema Inc**

**On Behalf of HR Connect**

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