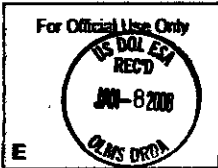


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

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. 438 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

366569

1. File Number C- <u>613</u>	2. Period Covered By This Report From: <u>01/01/07</u> Through: <u>12/31/07</u>
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12/31/07

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>REINARD E. AUCKENBERG</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>PRINCIPAL</u>	Name
Organization <u>HR CONNECT</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>33 Delaware ST</u>	P.O. Box, Building and Room Number, if any
City <u>NAZARETH</u>	Street
State <u>PA</u> ZIP Code + 4 <u>18064</u>	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> Title <u>President</u> On <u>12/29/07</u> Date <u>(610) 759-8661</u> Telephone Number	18. Signed _____ Title <u>Treasurer</u> On <u>1/1/</u> Date _____ Telephone Number
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Name of Person Filing:	File Number C- <u>613</u>
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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>AMERICAN MILLWORK & CABINETRY</u>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To	<u>GEORGE LEITZ</u>	City	
Title	<u>President</u>	State	ZIP Code + 4

5.b. Termination Date 2/15/08 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS Approximately \$15,000.00

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 8-13)

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	
Title	15.e. Purpose
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	