

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)

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

362 349

1. File Number C- 613	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	From:	05 / 23 / 2008	Through: 05 / 23 / 2008

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Reginald E Hockenberry Title Principal Organization HR Connect P.O. Box, Building and Room Number, if any Street 33 Belvidere Street City Nazareth State Pennsylvania ZIP Code + 4 18064	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 Other (Specify) Principal		Title Treasurer	
On 05 / 23 / 2008	(610) 759-8661	On / /	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Reginald Hockenberry	File Number C-
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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). Employer CP Logistics Trade Name Attention To Ed A Leo Title President & CEO	Mailing Address: P.O. Box, Building and Room Number, if any Street 8990 Newport Gap Pike City Avondale State Pennsylvania ZIP Code + 4 19331
5.b. Termination Date 06/27/2008	5.c. Amount 15,000 <i>Approximate</i>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 15,000	

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		
				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)	

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		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		