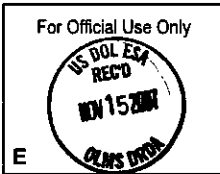


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

346003

1. File Number C- <u>613</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		<u>11 / 1 / 07</u>		<u>12 / 7 / 07</u>

A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name <u>REGINALD E. HOCKEY</u> Title <u>Principal</u> Organization <u>HR Connect</u>  P.O. Box, Building and Room Number, if any  Street <u>33 Baldwin St</u> City <u>Warrington</u> State <u>PA</u> ZIP Code + 4 <u>18984</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> Title <u>President</u> On <u>11 / 7 / 07</u> Date <u>(410) 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-
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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:
Employer <i>SAINT-GODARD CERTAINTEZ</i>	P.O. Box, Building and Room Number, if any
Trade Name <i>CERTAINTEZ</i>	Street
Attention To <i>JAMES VAN DER WERF</i>	City
Title <i>PLANT MANAGER</i>	State ZIP Code + 4
5.b. Termination Date <i>12/7/07</i>	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

<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		
<i>APPROXIMATE</i>				9. Office and Administrative Expenses	
<i>PERIOD 11/1/07 - 12/7/07</i>	<i>\$20,000</i>	<i>\$5000.00</i>	<i>\$25,000.00</i>	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 <i>REINHOLD C. ACKERMAN</i>	15.e. Purpose	
Title <i>Principal</i>		
Organization <i>AN CONCRET</i>		
P.O. Box, Building and Room Number, if any		
Street <i>33 Bellevue St</i>		
City <i>WASH DC</i>		
State <i>Washington</i> ZIP Code + 4 <i>18064</i>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		