

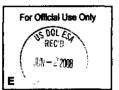
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

This report is mendatory under P.L. 66-257, as amended. Failure to comply may result in criminal prosecution, fines, or civit 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

1 . File Number C- 6/3

2 . Period Covered By This Report From: (15 / 23 / 2008 Through: 05 / 23 / 2008

A. Person Filing			
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are ke		
Name Reginald E Hockenberry	Name		
Title Principal	Title		
Organization HR Connect	Organization		
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any		
Street 33 Belvidere Street	Street		
City Nazareth	City		
State Pennsylvania ZIP Code + 4 18064	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 liest of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions). 17. Signed 18. Signed . resident Treasurer (if other title, see (If other title, see Title Other (Specify) Treasurer instructions) instructions) Principal 05 / 23 / 2008 (614) 759-8661 On Date Telephone Number Telephone Number

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Name of Person Filing: Reginald Hockenberry	File Number C-	

5.a. Name and Address of Employer (including trade name, if any).	Mailing Add 'ess:
	P.O. Box, Building and Room Number, if any
Employer CF Logistics	
Trade Name	Street 8990 Newport Gap Pike
Attention To Rd A Leo	City Avondale
Title President & CEO	State Pennsylvania ZIP Code + 4 193
5.b. Termination Date 06/27/2008	5.c. Amount 15,000 Approximate

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 8.					
Disbursements to Officers and Empl (a) Name	loyees: (b) Salary	(c) Expense	s (d) Totals			
				9. Office	and Administrative Expenses	
				10. Public	ity	
				11. Fees	or Professional Services	
				12. Loans	Made	
				13. Other	Disbursements	
8. Total disbursements to officers as	nd employees:			14. Total ()	isbursements (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 instructions.		
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Pald	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		

Form LM-21 (2003)