

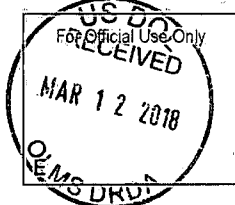
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019

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

664541

1. File Number C- 67257	2. Period Covered By This Report From: 01/01/2017 Through: 12/31/2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name: Joseph Brock	4. Any other address where records necessary to verify this report are kept:
Title: Reliant Labor Consultants LLC	Name:
Organization:	Title:
P.O. Box, Building and Room Number, if any:	Organization:
Street: 10108 Fehlberg Ct	P.O. Box, Building and Room Number, if any:
City: Saint John	Street:
State: Indiana ZIP Code + 4: 46373	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: [Signature] President (if other title, see instructions)	18. Signed: [Signature] Treasurer (if other title, see instructions)
Title: President	Title: Treasurer
On: 2/1/18 Date	On: 1/1/18 Date
215-840-2038 Telephone Number	Telephone Number

Name of Person Filing: Joseph Brock

File Number C- 67257

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:

P.O. Box, Building and Room Number, if any

Employer Konrad Beverage

Trade Name

Street

1320 Hurffville Rd

Attention To

Herb

Konrad, Jr

City

Deptford

Title

State

New Jersey

ZIP Code + 4 08096

5.b. Termination Date 05/02/2017

5.c. Amount 7,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,174,037

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:

Labcorp

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Joseph

Brock

Title

Organization

East Coast Labor Relations

P.O. Box, Building and Room Number, if any

Street

515 S. Gull Lake Dr

City

Richland

State

Michigan

ZIP Code + 4 49083

15.d. Amount 453,227

15.e. Purpose

Engaged to Communicate to employees regarding their right to organize and bargain collectively

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 1,327,651

Name of Person Filing: Joseph Brock		File Number C-	
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 Labcorp Trade Name Attention To: Drew Chakerea Title		P.O. Box, Bldg., Room No., if any Street 531 S. Spring St. City Burlington State North Carolina ZIP Code + 4 27215	
5.b. Termination Date ongoing		5.c. Amount 650,840	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Lifecare Trade Name Attention To: Holly Bohannon Title		P.O. Box, Bldg., Room No., if any Street 5340 Legacy Dr City Plano State Texas ZIP Code + 4 75024	
5.b. Termination Date ongoing		5.c. Amount 21,874	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Quest Diagnostics Trade Name Attention To: Ribka Fox Title		P.O. Box, Bldg., Room No., if any Street 8401 Fallbrook Ave. City West Hills State California ZIP Code + 4 91304	
5.b. Termination Date ongoing		5.c. Amount 200,887	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Save Mart Trade Name Attention To: Eric Pifer Title		P.O. Box, Bldg., Room No., if any Street 1800 Standiford Ave City Modesto State California ZIP Code + 4 95350	
5.b. Termination Date ongoing		5.c. Amount 292,936	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Trade Name Attention To: Title		P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Trade Name Attention To: Title		P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: Joseph Brock	File Number C-
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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: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct City Saint John State Indiana ZIP Code + 4 46373	15.d. Amount 86,400 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid Name Evelyn Fragosa Title Organization Quality Labor Solutions P.O. Box, Building and Room Number, if any Street 6255 Condon Ave City Los Angeles State California ZIP Code + 4 90056	15.d. Amount 92,888 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid Name Kristen Moore Title Organization P.O. Box, Building and Room Number, if any Street 139 Drexel Rd City Ardmore State Pennsylvania ZIP Code + 4 19003	15.d. Amount 37,173 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

Name of Person Filing: Joseph Brock	File Number C-
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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.
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15.a. Employer Name: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cynthia Byrd Title Organization Bright Productions Group P.O. Box, Building and Room Number, if any Street Urb Mar Azul Calle Malecon City Hatillo State Puerto Rico ZIP Code + 4 00659	15.d. Amount 38,053 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Quest	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations P.O. Box, Building and Room Number, if any Street 515 South Gull Lake Dr City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 38,867 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Quest	15.b. Trade Name, If any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct City Saint John State Indiana ZIP Code + 4 46373	15.d. Amount 91,446 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

Name of Person Filing: Joseph Brock	File Number C-
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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.
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15.a. Employer Name: Quest	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Kirsten</u> <u>Moore</u> Title _____ Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>139 Drexel Rd</u> City <u>Ardmore</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19003</u>	15.d. Amount <u>57,383</u> 15.e. Purpose <u>Engaged to Communicate to employees regarding their right to organize and bargain collectively</u>

15.a. Employer Name: Quest	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Evelyn</u> <u>Fragoso</u> Title _____ Organization <u>Quality Labor Solutions</u> P.O. Box, Building and Room Number, if any _____ Street <u>6255 Condon Ave</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90056</u>	15.d. Amount <u>24,613</u> 15.e. Purpose <u>Engaged to Communicate to employees regarding their right to organize and bargain collectively</u>

15.a. Employer Name: Quest	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Rebecca</u> <u>Smith</u> Title _____ Organization <u>Rock Creek Consulting</u> P.O. Box, Building and Room Number, if any _____ Street <u>544 Mahard Dr</u> City <u>Twin Falls</u> State <u>Idaho</u> ZIP Code + 4 <u>83301</u>	15.d. Amount <u>25,525</u> 15.e. Purpose <u>Engaged to Communicate to employees regarding their right to organize and bargain collectively</u>

Name of Person Filing: Joseph Brock

File Number C-

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: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid Name Rebecca Smith Title Organization Rock Creek Consulting P.O. Box, Building and Room Number, if any Street 544 Mahard Dr City Twin Falls State Idaho ZIP Code + 4 83301	15.d. Amount 63,530 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
15.a. Employer Name: Lifecare	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations P.O. Box, Building and Room Number, if any Street 515 S. Gull Lake Dr City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 3,550 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
15.a. Employer Name: Lifecare	15.b. Trade Name, If any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct City Saint John State Indiana ZIP Code + 4 46373	15.d. Amount 3,550 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

Name of Person Filing: Joseph Brock	File Number C-
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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: Lifecare	15.b. Trade Name, If any:
15.c. To Whom Paid Name Kristen Moore Title Organization P.O. Box, Building and Room Number, If any Street 139 Drexel Rd City Ardmore State Pennsylvania ZIP Code + 4 19003	15.d. Amount 11,374 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Konrad Beverages	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations P.O. Box, Building and Room Number, If any Street 515 South Gull Lake Dr City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 7,500 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Save Mart	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations P.O. Box, Building and Room Number, If any Street 515 S Gull Lake Dr City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 45,400 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

Name of Person Filing: Joseph Brock	File Number C-
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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: Save Mart	15.b. Trade Name, If any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City Saint John State Indiana ZIP Code + 4 46373	15.d. Amount 132,281 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Save Mart	15.b. Trade Name, If any:
15.c. To Whom Paid Name Rebecca Smith Title Organization Rock Creek Consulting P.O. Box, Building and Room Number, if any Street 544 Mahard Dr City Twin Falls State Idaho ZIP Code + 4 83301	15.d. Amount 39,165 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Save Mart	15.b. Trade Name, If any:
15.c. To Whom Paid Name Jason Greer Title Organization Greer Consulting P.O. Box, Building and Room Number, if any Street 4301 Hawkins Ridge Dr City St Louis State Missouri ZIP Code + 4 63129	15.d. Amount 75,726 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively