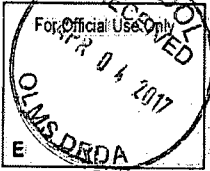


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

645037

1. File Number C- <u>683</u>	2. Period Covered By This Report From: <u>01 / 01 / 2016</u> Through: <u>12 / 31 / 2016</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Joseph Brock</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name <u></u>
Organization <u>Reliant Labor Consultants</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	Organization <u></u>
Street <u>10108 Fehlborg Court</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Saint John</u>	Street <u></u>
State <u>Indiana</u> ZIP Code + 4 <u>46373</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

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>3/23/2017</u> Date <u>215-840-2088</u> Telephone Number	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>3/28/2017</u> Date <u>219-522-7420</u> Telephone Number
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Name of Person Filing: Joseph Brock	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):		Mailing Address:	
Employer <u>Laboratory Corporation of America</u>	P.O. Box, Building and Room Number, if any		
Trade Name	Street <u>531 South Spring St</u>		
Attention To <u>Drew</u> <u>Chakeres</u>	City <u>Burlington</u>		
Title	State <u>North Carolina</u>	ZIP Code + 4 <u>27215</u>	

5.b. Termination Date <u>ongoing</u>	5.c. Amount <u>267,810</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>470,464</u>

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: <u>Laboratory Corporation of America</u>	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount <u>65,628</u>
Name <u>Joseph</u> <u>Brock</u>	15.e. Purpose <u>Engaged to communicate to employees regarding their right to organize and bargain collectively</u>
Title <u>President</u>	
Organization <u>East Coast Labor Relations</u>	
P.O. Box, Building and Room Number, if any	
Street <u>151 Forge Lane</u>	
City <u>Delran</u>	
State <u>New Jersey</u>	ZIP Code + 4 <u>08075</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>271,421</u>	

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 Quest Diagnostics		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 8401 Fallbrook Ave	
Attention To: Ribka Fox		City West Hills	
Title		State California ZIP Code + 4 91304	
5.b. Termination Date ongoing		5.c. Amount 164,505	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Seal Beach Health and Rehabilitation Center		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 300 North Gate Rd	
Attention To: Andrew Johnson		City Seal Beach	
Title		State California ZIP Code + 4 90740	
5.b. Termination Date 9/18/16		5.c. Amount 38,149	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		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		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		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		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		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		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		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		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

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:

Quest Diagnostics

15.b. Trade Name, If any:**15.c. To Whom Paid**

Name Joseph Brock

Title President

Organization East Coast Labor Relations

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

Street 151 Forge Lane

City Delran

State New Jersey ZIP Code + 4 08075

15.d. Amount 7,700

15.e. Purpose

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

15.a. Employer Name:

Seal Beach Health and Rehabilitation Center

15.b. Trade Name, If any:**15.c. To Whom Paid**

Name Joseph Brock

Title President

Organization East Coast Labor Relations

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

Street 151 Forge Lane

City Delran

State New Jersey ZIP Code + 4 08075

15.d. Amount 3,800

15.e. Purpose

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

15.a. Employer Name:

Laboratory Corporation of America

15.b. Trade Name, If any:**15.c. To Whom Paid**

Name Byron Clay

Title President

Organization BJC & Associates

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

Street 10108 Fehlberg Court

City Saint John

State Indiana ZIP Code + 4 46379

15.d. Amount 51,108

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: Quest Diagnostics	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Byron</u> <u>Clay</u> Title <u>President</u> Organization <u>BJC & Associates</u> P.O. Box, Building and Room Number, if any Street <u>10108 Fehlberg Ct</u> City <u>Saint John</u> State <u>Indiana</u> ZIP Code + 4 <u>46379</u>	15.d. Amount <u>52,890</u> 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Seal Beach Health and Rehabilitation Center	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Byron</u> <u>Clay</u> Title <u>President</u> Organization <u>BJC & Associates</u> P.O. Box, Building and Room Number, if any Street <u>10108 Fehlberg Court</u> City <u>Saint John</u> State <u>Indiana</u> ZIP Code + 4 <u>46379</u>	15.d. Amount <u>18,723</u> 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Laboratory Corporation of America	15.b. Trade Name, If any:
15.c. To Whom Paid Name <u>Rebecca</u> <u>Smith</u> Title <u>President</u> Organization <u>Rock Creek Consulting</u> P.O. Box, Building and Room Number, if any Street <u>554 Mahard Drive</u> City <u>Twin Falls</u> State <u>Idaho</u> ZIP Code + 4 <u>83301</u>	15.d. Amount <u>23,761</u> 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-

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:

Quest Diagnostics

15.b. Trade Name, If any:**15.c. To Whom Paid**

Name Evelyn Fragoso

Title President

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 32,585

15.e. Purpose

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

15.a. Employer Name:

Seal Beach Health and Rehabilitation

15.b. Trade Name, If any:**15.c. To Whom Paid**

Name Evelyn Fragoso

Title President

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 1,500

15.e. Purpose

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

15.a. Employer Name:

Seal Beach Health and Rehabilitation

15.b. Trade Name, If any:**15.c. To Whom Paid**

Name Kirsten Moore

Title

Organization

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

Street 139 Drexel Road

City Ardmore

State Pennsylvania ZIP Code +4 19003

15.d. Amount 13,726

15.e. Purpose

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