Office of Labor-Maragen ® Standards Washington DREGENED

FURINI LIVI-ZU AGREEMENT AND ACTIVITIES REPORT

nomi approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016

1. File Number:

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil persults as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

539720

1. File Number: c- 10 83	
Person Filing	
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Joseph Brock	Name
Title President	Title
Organization East Coast Labor Relations, LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 151 Forge Rd	Street
City Delran	City
State New Jersey ZIP Code + 4 08075	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec 31 a. Individual b. Partnership	c. Corporation d. Other (Specify):
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 10 / 03 / 2013
Name	, ,
Organization BAE Systems Shipperds	8. Name of person(s) through whom made:
Trade Name, if any	Name Eric Webb
P.O. Box, Bldg., Room No., if any	Name
Street 8500 Heckscher Drive	Name
City Jacksonville	Name
State Florida ZIP Code + 4 32226	Name
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 Section VII on penalties in the instructions.)	
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	Title d instructions)
On 1/12/2014 215-840-2088	On
Date Telephone Number	Date Telephone Number



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Cita.	THE NUMBER OF	
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.): Verbal agreement to advise employees of their rights to organize and bargain collectively. 187.50 per hour plus expenses		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: Give speeches to employees regarding their rights to organize and collectively bargain		
11.b. Period during which performed: various days beginning 10/08/2013	11.c. Extent performed: fully performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name	Name	
Organization Labor Relations Institute, Inc.	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 S. Elm Place	Street	
City Broken Arrow	City	
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production and maintenance employees	Boilermakers	



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