

FORM LM-20 AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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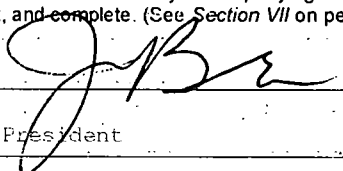
1. File Number: C- 67257

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Joseph Brock	Name
Title President	Title
Organization Reliant Labor Consultants	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10108 Fehlberg Court	Street
City Saint John	City
State Indiana <input checked="" type="checkbox"/> ZIP Code + 4 46373	State ZIP Code + 4
4. Date fiscal year ends: Dec <input checked="" type="checkbox"/> / 17	5. Type of person:
	a. Individual b. Partnership c. <input checked="" type="checkbox"/> 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: 3 / 25 / 2017
Name Drew Chakeres	8. Name of person(s) through whom made:
Organization Laboratory Corporation of America	Name
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 531 South Spring Street	Name
City Burlington	Name
State North Carolina <input checked="" type="checkbox"/> ZIP Code + 4 27215	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 
Title President

President
(If other title, see instructions)

14. Signed _____
Title Treasurer

Treasurer
(If other title, see instructions)

On 4-9-17 215-840-7008
Date Telephone Number

On _____
Date Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ 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.):

No written agreement Pre petition. We were engaged by Laboratory Corporation of America to educate employees in all aspects of unions so that they could make an informed decision on whether or not to support a union

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union

11.b. Period during which performed:

3-25-17 to 4-6-17

11.c. Extent performed:

various days

11.d. Name and address through whom performed:

Name Joseph Brock

Organization East Coast Labor Relations

P.O. Box, Bldg., Room No., if any

Street 151 Forge Rd

City Delran

State New Jersey ☒ ZIP Code + 4 08075

Additional Name and address through whom performed, if any:

Name Kirsten Moore

Organization

P.O. Box, Bldg., Room No., if any

Street 139 Drexel Road

City Ardmore

State Pennsylvania ☒ ZIP Code + 4 19003

12.a. Identify subject groups of employees:

Phlebotomists and Patient Reps

12.b. Identify subject labor organizations:

Teamsters

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- 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.

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3-25-17 to 4-6-17

11.c. Extent performed:

various days

11.d. Name and address through whom performed:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

☒ ZIP Code + 4

Additional Name and address through whom performed, if any:

Name Rebecca Smith

Organization Rock Creek Consulting

P.O. Box, Bldg., Room No., if any

Street 554 Mahard Dr

City Twin Falls

State Idaho

☒ ZIP Code + 4 83301

12.a. Identify subject groups of employees:

Phlebotomists and Patient Reps

12.b. Identify subject labor organizations:

Teamsters