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. 1245-0003
Expires 10-31-2013

This report is mandatory under P.L. 86-257, as amended. Fallure 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

517948

51 1948				
1. File Number C. 683	2. Period Covered	Month/Day/Year (.mm/dd/yyyy)		Month/Day/Year. (mm/dd/yyyy)
	By This Report From:	01 / 01 / 2012	Through:	12 / 31 / 2012
A. Person Filing				
Name and mailing address (include ZIP Code):	4. Any other address	where records necessar	ry to verify	this report are kept:
Name Joseph Brock	Name San			
Title President	Title			
Organization East Coast Labor Relations, LLC	Organization		Discovate (Seath)	
P.O. Box, Building and Room Number, if any		g and Room Number, if a	della el Barros	
Street 151 Forge Rd	Special and Albania		attack to other section	and the same of the same of the same
City Delran	I am more than the			
State New Jersey ZIP Code + 4 .080.75	State	医艾克特氏试验检检尿病 医多种性 医克里氏 医多种性 医多种性 医多种性 医多种性 医多种性	Vota	e + 4
Signa	atures			
Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ies of law, that all of the i e signatory and is, to the	nformation submitted in thi e best of the undersigned	s report (ind 's knowled	luding the ge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed	surer		Treasurer (If other title, see instructions)
On Date 215-840-2088 Telephone Number	On / /	/ Telephone	Number	
				

Name of Person Filing: Tos 80 H Kincl	File Number C-			
B. Statement of Receipts Report all receipts from employers in connector services.	ction with labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer Labor Relations Institute, Inc	P.O. Box, Building and Room Number, if any			
Trade Name LRI	Street :7850 South Elm Place			
	Carlotter Control to the Carlotter of the Carlotter Control to the Carlotter Carlotter Carlotter Carlotter Car			
Attention To Philip Wilson	City Broken Arrow			
Title President	State Oklahoma ZIP Code + 4 74013			
5.b. Termination Date	5.c. Amount \$267,784			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 21, 680				
to the employers listed in Part B.	y the reporting organization in connection with labor relations advice of services rendered			
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expe	enses (d) Totals			
	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	s Schedule to report only disbursements made for the purposes described in Part D of the			
instructi				
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount			
Name	15.e. Purpose			
Title				
Organization				
P.O. Box, Building and Room Number, if any				
Street				

State Washington ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filling: JoS 28 K. 12	ne of Person Filling: Josef M. 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: Box, Building and Room Number, if any				
Employer Ken Cannon								
Trade Name Cannon Consulting	on the proposition of the second of	lass var all had	Street 2207 Ballantrae Drive					
Attention To Ken Cannon			City Colleyville					
Title	Title State Texas ZIP Code + 4							
5.b. Termination Date			5.c. Amount	3,89L		· · · · · · · · · · · · · · · · · · ·		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	271,6	,80						
<u> </u>						<u> </u>		
C. Statement of Disbursements Report all di								
to the emplo	spursements yers listed in	made by the repo Part B.	πing organiza	ation in connection	on with labor relations advice	or services rendered		
7. Disbursements to Officers and Employees:								
(a) Name	(b) Salary	(c) Expenses (d) T	otals	0.00				
				 	dministrative Expenses			
			10. Publicity					
	and a minimum product past before		11. Fees for Pro			The state of the s		
			12. Loans Made					
9. Total dishuraments to efficient and employees			13. Other Disbu					
o. Total disputsements to officers and employees	rsements 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.						cribed in Part D of the		
15.a. Employer Name:			15.b. Trade	Name, If any:		-		
15.c. To Whom Paid 15.d.			15.d. Amou	15.d. Amount				
Name	والمراوي والمراوية والمراوية والمراوية		15.e. Purpose					
Title								
Organization	- Description of the state of t				rando Cara do Spanish do Articologo	######################################		
Michael And Charles (Charles and Charles a		radistration (in alternative description of the control of the con						
P.O. Box, Building and Room Number, if any								
Street								
City								
State Washington ZI	P Code + 4							
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY								
,		· · · · ·						

Form LM-21 (2003)