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: 03-31-2019

This report is mandalory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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ERDA	645001	
1. File Number C-	2. Period Covered By This Report From: 011/01s/2016; Through: 12/31/2016	
A. Person Filing		
3. Name and mailing address (include ZIP Code):	A ASSISTANCE OF THE PROPERTY O	
Name Joseph Brock	Any other address where records necessary to verify this report are kept. Name	
Title President	Title	
Organization Reliant Labor Consultants	Organization state of the state	
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, If any	
Street 10108 Fehlberg Court	Street	
City Saint John	City	
State Indiana ZIP Code + 4 46373	State ZIP Code + 4	
Signa		
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 President (ff other title, see instructions)	18. Signed Treasurer (If other title, see	
On 3/23/20/7 2/5-8/0-2088	On 3/28/5019 219-519-5720 Date Telephone Number	
	Note that the second of the se	

			File Number C-	
B. Statement of Receipts Report all receipts from or services.	employers in connection	with labor relation	ns advice or services regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade nam	ne, if any).		failing Address:	
Employer Laboratory Corporation	of America	P.O. Box, E	uilding and Room Number, if any	a description on a
Trade Name	Commence of the second	Street		Berthagen was described in the large of the
Attention To Drew Cha	ikeres	a: 1	31 South Spring St	
for instances therefore a majoritary point to be a majoritary and the said for a majoritary for the said for a majoritary for the said	ixeres	City B	Irlington	
Title	en deutsche der State der Gesein ausgeber des	State N	orth Carolina ZIP Code	+4 27215
5.b. Termination Date ongoing	Commence of the Commence of th	5.c. Amoun	267,810	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	470,464			
7. Disbursements to Officers and Employees:	oursements made by the rest listed in Part B. b) Salary (c) Expenses		ation in connection with labor relations advice	or services rendered
			9. Office and Administrative Expenses	
	1		10. Publicity	A STATE OF THE STA
A			11. Fees for Professional Services	
			12. Loans Made	TO TAKE TO BE DESCRIBED.
			13. Other Disbursements	1
8. Total disbursements to officers and employees:		· · · · · · · · · · · · · · · · · · ·	14. Total Disbursements (Sum of Items 8-13)	The state of the s
D. Schedule of Disbursements for Reportable Ad	ctivity Use this Sche instructions.	edule to report or	ly disbursements made for the purposes des	cribed in Part D of the
15.a. Employer Name:		15.b. Trade	Name, If any:	
Labortory Corporation of Amer	ica	2002		1
15.c. To Whom Paid			Section of the sectio	
IS.S. IS THISHIF AND		115.d. Amou	nt :65.628	
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Name Joseph Brock	and the second s	15.e. Purpo	Se	regarding collectively
Name Joseph Brock Title President Organization East Coast Labor Relati P.O. Box, Building and Room Number, if any	and the second s	15.e. Purpo	to communicate to employees	regarding collectively
Name Joseph Brock Title President Organization East Coast Labor Relati	and the second s	15.e. Purpo	to communicate to employees	regarding collectively
Name Joseph Brock Title President Organization East Coast Labor Relati P.O. Box, Building and Room Number, if any Street 151 Forge Lane City Delran	and the second s	15.e. Purpo	to communicate to employees	regarding collectively

Name of Person Filing: Joseph Brock	File Number C-
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
17 Mary Mary Commission of the	P.O. Box, Bldg., Room No., if any
Employer Quest Diagnostics	The same of the sa
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: P.O. Box, Bldg., Room No., if any
Employer Seal Beach Health and Rehabilitation Cent	er
Trade Name	Street 300 North Gate Rd
Attention To: Andrew Johnson	Cky 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:
A Common collision with the control of the control	P.O. Box. Blda., Room No., if any
Employer	The free control of the control of t
Trade Name	Street
Attention To:	City
Title	State ZIP Code + 4
TO A production of the State of the Contract o	
5.b. Termination Date	5.c. Amount
5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
And department of the control of the	Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	Mailing Address: P.O. Box, Bldg., Room No., if anv Street City
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 5.c. Amount Mailing Address:
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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	15.d. Amount 7, 700		
Name Joseph Brock	15.e. Purpose		
Title President	Engaged to communicate to employees regarding their right to organize and bargain collectively		
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	And the second s		
15.a. Employer Name: Seal Beach Health and Rehabilitation Center	15.b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Amount 3, 800		
Name Joseph Brock	15.e. Purpose		
Title President Organization East Coast Labor Relations	Engaged to communicate to employees regarding their right to organize and bargain collectively		
P.O. Box, Building and Room Number, if any			
Street 151 Forge Lane			
City Delran			
State New Jersey ZIP Code + 4 08075			
15.a. Employer Name: Laboratory Corporation of America	15.b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Amount 51,108		
Name Byron Clay	15.e. Purpose		
Title President	Engaged to communicate to employees regarding		
Organization BJC & Associates	their right to organize and bargain collectively		
P.O. Box, Building and Room Number, if any			
Street 10108 Fehlberg Court			
City Saint John State Indiana ZIP Code + 4 46379			
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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	15.d. Amount 52, 890			
Name Byron Clay	15.e. Purpose			
Title President	Engaged to communicate to employees regarding their right to organize and bargain collectively			
Organization BJC & Associates				
P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct				
City Saint John				
State Indiana ZIP Code + 4 46379				
	45 h Toodo Morro Warrin			
15.a. Employer Name: Seal Beach Health and Rehabilitation Center	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 18,723			
Name Byron Clay	15.e. Purpose			
Title President Organization BJC & Associates	Engaged to communicate to employees regarding their right to organize and bargain collectively			
1 ₂₀ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
P.O. Box, Building and Room Number, if any				
Street 10108 Fehlberg Court				
City Saint John				
State Indiana ZIP Code + 4:46379				
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15.a. Employer Name:	15.b. Trade Name, If any:			
Laboratory Corporation of America	I minuted appearance and a second and a second appearance and a second a second and			
15.c. To Whom Paid	15.d. Amount 23 , 761			
Name Rebecca Smith	15.e. Purpose			
Title President	Engaged to communicate to employees regarding their right to organize and bargain collectively			
Organization Rock Creek Consulting P.O. Box, Building and Room Number, if any				
A THE TRANSPORT OF THE PARTY AND A THE PARTY A				
Street 554 Mahard Drive				
City Twin Falls				
State Idaho ZIP Code +4 83301				

Name of Person Filing: Joseph Brock	File Number C-
D. Schedule of Disbursements for Reportable Activity Use this Sched instructions.	lule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Quest Diagnostics	tend we mentioned and another tender of the processing of the state of
15.c. To Whom Paid	15.d. Amount 32,585
Name Evelyn Fragoso	15.e. Purpose
Title President Organization Quality Labor Solutions	Engaged to communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 6255 Condon Ave City Los Angeles State California ZIP Code + 4, 90056	
	Figure 1 and
15.a. Employer Name: Seal Beach Health and Rehabilitation	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 1,500
Name Evelyn Fragose	15.e. Purpose
Title President	Engaged to communicate to employees regarding
Organization Quality Labor Solutions	their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any	
Street 6255 Condon Ave City Los Angeles	
State California ZIP Code + 4 90056	
15.a. Employer Name:	15.b. Trade Name, If any:
Seal Beach Health and Rehabilitation	
15.c. To Whom Paid	15.d. Amount 13,726
Name Kirsten Moore	15.e. Purpose
Title Organization	Engaged to communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any	
Street 139 Drexel Road	
City Ardmore	