U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

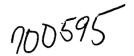
Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

This report is 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**



	्राप्ताक । जिल्लामा								
1. File Number C-			2. Period Covered By This Report	Month/Day/Year ( mm/dd/yyyy )		Month/Day/Year (mmkld/yyyy)			
<u></u>	VOC	<u> </u>	From:	01 / 01 / 2018	Through:	12 / 31 / 2018			
A. Perso	on Filing					<del> </del>			
3. Name	and mailing address (include	ZIP Code):	4. Any other addres	4. Any other address where records necessary to verify this report are kept:					
Name	Joseph	Brock	Name						
Title	President	Augustus (1900 – 1900) server er e	Title						
Organi	zation East Coast Labo	or Relations, LLC	Organization	<del></del>					
P.O. B	ox, Building and Room Numb	er, if any	P.O. Box, Buildin	g and Room Number, if	any	÷			
Street	515 S. Gull Lake Dr	o salina de la companya de la compan	Street			n minute seems			
Citv	Richland	The state of the s	City			errore engage of the land			
	Michigan	▼ ZIP Code + 4:49083	State		ZIP Cod	e+4:			
		Sigi	natures						
informatio	on contained in any accompan	penalty of perjury and other applicable pen rying documents) has been examined by in on penalties in the instructions).	alties of law, that all of the the signatory and is, to the	information submitted in the best of the undersigned	nis report (inc d's knowledg	luding the ge and belief, true,			
17. Signe	ed MM	President (if other title, see instructions)	18. Signed	n M	-	_ Treasurer (If other title, see instructions)			
on 3	Date Telep	- 840 - 2088 Phone Number	On 3.125.	/1	240 - 209 le Number	?&			

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 regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless of the purposes of the advice or services regardless or the purpos	Name of Person Filing: Joseph Brock				File Number C-			
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Attention To Title State	Trade Name		· - •	Street			and the second second	
5.b. Termination Date 5.c. Amount 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rent 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 instructions.  15.b. Trade Name, If any:  15.c. To Whom Paid Name 15.c. Purpose	Attention To	1		City			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
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Street	Street		•	<u>;</u>				
City	City	]	•	1				
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		ئے		<u> </u>				

Form LM-21 (2003)