FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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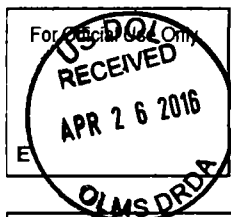
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the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

6/8695

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- *683*

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 East Coast Labor Relations	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: 12 / 31	5. Type of person:
	a. Individual b. Partnership c. Corporation d. Other (Specify): *LLC*

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 02 / 04 / 2016
Name	
Organization Bridgewater Chevrolet	8. Name of person(s) through whom made:
Trade Name, if any	Name David Farreaz
P.O. Box, Bldg., Room No., if any	Name
Street 1548 US HWY 22E	Name
City Bridgewater	Name
State New Jersey ZIP Code + 4 08805	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 instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title President		Title d	
On 4/21/16 215-840-2088		On	
Date Telephone Number		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.):
   verbal agreement 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 2/4/16	11.c. Extent performed: fully performed
11.d. Name and address through whom performed: Name Organization Labor Relations Institute P.O. Box, Bldg., Room No., if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74013	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
12.a. Identify subject groups of employees: Repair Techs	12.b. Identify subject labor organizations: Teamsters