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

FORM LM-20 AGREEMENT AND ACTIVITIES 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. 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.

1. File Number: **Person Filing** 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Brock Name Name East Coast Labor Relations, LLC Title Title Organization Organization 8 P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 151 Forge Rd. City Delran City ZIP Code + 4 08075 State New Jersey State 5. Type of person: 4. Date fiscal year ends: Individual Corporation 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: 8. Name of person(s) through whom made: Organization Lancaster Foods Name Doug Trade Name, if any Name 8 P.O. Box, Bldg., Room No., if any Street 7700 Conowingo Ave Name Jessup Name ZIP Code + 4 20794 State Maryland 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.) President 14. Signed 13. Signed Treasurer. (If other title, see (If other title, see. instructions) instructions) President Title Title 04/11/2013 215-840-2088 Telephone Number Date Telephone Number Date

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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:	
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. 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.	
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity: Provide consultation and give speeches to employees collectively bargain.	regarding their rights to organize and
11.b. Period during which performed: various days beginning 1/9/12	11.c. Extent performed: fully performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization Labor Relations Institute, Inc	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any
Street 7850 S. Elm Place	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Forklift operators, Crew leaders, loaders and runners	Teamsters