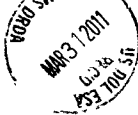


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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)

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

453219

1. File Number C- 683

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01 / 01 / 2010

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2010

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Joseph F Brock

Title President

Organization East Coast Labor Relations, LLC

P.O. Box, Building and Room Number, if any

Street 151 Forge Rd

City Delran

State New Jersey ZIP Code + 4 08075

4. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State ZIP Code + 4

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 the Section on penalties in the instructions).

17. Signed 
Title President

President
(if other title, see
instructions)

18. Signed _____
Title Treasurer

Treasurer
(If other title, see
instructions)

On 03 / 21 / 2011 215-840-2088
Date Telephone Number

On / /
Date Telephone Number

Name of Person Filing: Joseph F. Brock	File Number C-
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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):

Employer **LRICS**

Trade Name **Labor Relations Institute**

Attention To **Philip Wilson**

Title **President**

Mailing Address:

P.O. Box, Building and Room Number, if any

Street **7850 South Elm Place**

City **Broken Arrow**

State **Oklahoma** ZIP Code + 4 **74013**

5.b. Termination Date **N/A** 5.c. Amount **163,995**

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 rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
Joseph F. Brock	106128	48565		9. Office and Administrative Expenses 8619
				10. Publicity 490
				11. Fees for Professional Services 193
				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 of the instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Virginia ZIP Code + 4	15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	