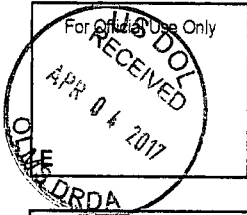


# FORM LM-21

## 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

645033

1. File Number C- <input type="text"/> 683	2. Period Covered By This Report From: 01 / 01 / 2016 Through: 12 / 31 / 2016
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### A. Person Filing

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

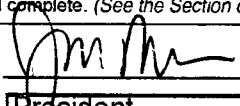
Name  Joseph ☐ Brock  
Title  President  
Organization  East Coast Labor Relations  
P.O. Box, Building and Room Number, if any   
Street  151 Forge Rd  
City  Delran  
State  New Jersey ZIP Code + 4  08075

#### 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  3 / 24 / 2016  (215) 840-2088  
Date Telephone Number

On  /  /    
Date Telephone Number

Name of Person Filing:	File Number C-
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<b>B. Statement of Receipts</b> 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 LifeCare Hospital  Trade Name  Attention To Holly Bohannon  Title General Counsel	Mailing Address: P.O. Box, Building and Room Number, if any  Street 5340 KLegacy Drive, Suite 150 City Plano State Texas ZIP Code + 4 75024
5.b. Termination Date	5.c. Amount 58,000
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <b>324,341</b>	

<b>C. Statement of Disbursements</b> 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	
				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)

<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: LifeCare Hospital of Chester County	15.b. Trade Name, If any:
15.c. To Whom Paid Name Kirsten Johnson-Moore Title Organization P.O. Box, Building and Room Number, if any Street 139 Drexel Rd City Ardmore State Pennsylvania ZIP Code + 4 19003	15.d. Amount \$15,500 15.e. Purpose Engaged to communicate to employees regarding their rights to organize and bargain collectively.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:	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).		Mailing Address:	
Employer Labor Relations Institute		P.O. Box, Building and Room Number, if any	
Trade Name LRI		Street 7850 S. Elm Place	
Attention To Philip <input type="checkbox"/> Wilson		City Broken Arrow	
Title President		State Oklahoma ZIP Code + 4 74013	
5.b. Termination Date		5.c. Amount 189,213	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

Name of Person Filing:	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).		Mailing Address:	
Employer Reliant Labor Consultants		P.O. Box, Building and Room Number, if any	
Trade Name		Street 10108b Fehlberg Ct	
Attention To Joseph Brock		City St. John	
Title President		State Indiana ZIP Code + 4 46373	
5.b. Termination Date		5.c. Amount 77,128	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			