

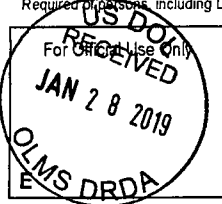
FORM LM-21

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

687713

1. File Number C-	67257	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2018	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Joseph Brock Title President Organization Reliant Labor Consultants, LLC P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State Indiana ZIP Code + 4 46373	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 [Signature] President
Title President (if other title, see instructions)

18. Signed _____ Treasurer
Title Treasurer (If other title, see instructions)

On 1/21/2019 215-840-2088
Date Telephone Number

On 1/1 _____
Date Telephone Number

Name of Person Filing: Joseph 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 Trade Name Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4
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 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)	

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: Eskaton		15.b. Trade Name, If any:
15.c. To Whom Paid Name Byron Clay Title President Organization BJC & Associates P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State Indiana ZIP Code + 4 46373		15.d. Amount 6,852 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 186,682		

Name of Person Filing: Joseph Brock	File Number C-
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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.
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15.a. Employer Name: Eskaton	15.b. Trade Name, If any:
15.c. To Whom Paid Name Andria D Simckes Title President Organization ADS Consulting, LLC P.O. Box, Building and Room Number, if any Street 7326 Hoover Ave City Saint Louis State Missouri ZIP Code + 4 63177	15.d. Amount 2,000 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Amerinox	15.b. Trade Name, If any:
15.c. To Whom Paid Name Byron Clay Title President Organization BJC & Associates P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St. John State Indiana ZIP Code + 4 46373	15.d. Amount 53,281 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Amerinox	15.b. Trade Name, If any:
15.c. To Whom Paid Name Andria D Simckes Title President Organization ADS Consulting, Inc P.O. Box, Building and Room Number, if any Street 7326 Hoover Ave City Saint Louis State Missouri ZIP Code + 4 63177	15.d. Amount 7,000 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

Name of Person Filing: Joseph Brock	File Number C-
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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: Amerinox	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joseph Brock Title President Organization East Coast Labor Relations P.O. Box, Building and Room Number, if any Street 55 S. Gull Lake Dr City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 11,051 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Amerinox	15.b. Trade Name, If any:
15.c. To Whom Paid Name Doug Allen Title President Organization ICEC, LLC P.O. Box, Building and Room Number, if any Street 29 Southgate Dr City Mt. Laurel State New Jersey ZIP Code + 4 08054	15.d. Amount 2,344 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

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

Name of Person Filing: Joseph Brock	File Number C-
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15.a. Employer Name: Laboratory Corporation of America	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title President Organization East Coast Labor Relations P.O. Box, Building and Room Number, if any Street 515 S. Gull Lake Dr City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 51,654 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Laboratory Corporation of America	15.b. Trade Name, if any:
15.c. To Whom Paid Name Rebecca Smith Title President Organization Rock Creek Consulting P.O. Box, Building and Room Number, if any Street 554 Mahard Dr City Twin Falls State Idaho ZIP Code + 4 83301	15.d. Amount 24,000 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Laboratory Corporation of America	15.b. Trade Name, if any:
15.c. To Whom Paid Name William G Monroe Title Organization P.O. Box, Building and Room Number, if any Street 412 Stonebridge Blvd City New Castle State Delaware ZIP Code + 4 19720	15.d. Amount 28,500 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively