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

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 08-31-2016

This report is mandatory under P.L. 88-257, as amended. Falture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Required of pessage 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)

MAR 2 9 2016

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

6/6/43

We of the	
1 . File Number C- 683	2. Period Covered By This Report From:   Month/Day/Year (mm/dd/yyy)   Month/Day/Year (mm/dd/yyy)   Through:   Month/Day/Year (mm/dd/yyy)   Through:   12 / 31 / 2015
A. Person Filing	
3. Name and mailing address (include ZIP Code):  Name Joseph 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
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (If other title, see instructions)	18. Signed Treasurer  Title Treasurer (If other title, see instructions)
On   03   20   2016   215-840-2088   Telephone Number	On Date Telephone Number

Name of Person Filing: Joseph Brock					File Number C-	68	3
B. Statement of Receipts Report all receipts from or services.	n employers in cor	nnection with	labor relation	s advice or service	ces regardless of the pu	rposes	of the advice
5.a. Name and Address of Employer (including trade na	me, if any).			ailing Address: uilding and Room	Number, if any		
P.O. Box, Building and Room Number, if any  Employer Labor Relations Institute, Inc.							
Trade Name LRI			Street 78	Street 7850 S. Elm Place			
Attention To Phillip Wi	lson		City Br	City Broken Arrow			
Title President			State Ok	lahoma	▼ ZIP Co	ode + 4	74013
5.b. Termination Date   See Attacked			5.c. Amount	347,128	8		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						<del></del> -	<del></del>
			<del></del>				
C. Statement of Disbursements Report all di	sbursements mad	le by the repor	rting organiza	ition in connection	n with labor relations ad	vice or	services rendered
to the emplo	yers listed in Part	В.					
Disbursements to Officers and Employees:     (a) Name	(b) Salary (c) i	Expenses (d) To	otals				
				9. Office and A	dministrative Expenses		
				10. Publicity			
				11. Fees for Pro	ofessional Services		
				12. Loans Made			
				13. Other Disbu	rsements		
8. Total disbursements to officers and employees:				14. Total Disburs	ements (Sum of Items 8-1	3)	
D. Schedule of Disbursements for Reportable		this Schedule	e to report on	ly disbursements	made for the purposes	describ	ed in Part D of the
	inst	ructions.	I				
15.a. Employer Name:			15.b. Trade	Name, if any:			
			<u> </u>		· · · · · · · · · · · · · · · · · · ·		·
15.c. To Whom Paid			15.d. Amou	nt			
Name 15.e. Purpose							
Titte			10.6. 7 6.50	<del></del>	· · · · · · · · · · · · · · · · · · ·		
Organization							
P.O. Box, Building and Room Number, if any		7					
Street		]	]]				
City		_					
State Washington ZI	P Code + 4			·			
16. TOTAL DISBURSEMENTS FOR ALL REPOR	TABLE ACTIVITY	Y					

Form LM-21 (2003)

Name of Per	larme of Person Filing: LRI Consulting Services, Inc.			File Number C- 00525
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in instructions.				
15.a. Emplo	yer Name: Federal Services		15	b. Trade Name, if any:
15.c. To Wh	om Paid	· · · · · · · · · · · · · · · · · · ·	15	.d. Amount 8,741
Name	Joseph	Brock	15	e. Purpose
Title				Engaged to communicate to employees regarding
Organization East Coast Labor Relations LLC			exercising their rights to organize and bargain collectively.	

5.a. Employer Name: Walgreen Company	15.b. Trade Name, if any:
5.c. To Whom Paid	15.d. Amount 36, 427
Name Joseph Brock Title  Organization East Coast Labor Relations LLC  P.O. Box, Building and Room Number, if any	15.e. Purpose  Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
Street 151 Forge Road	
City Delran	
State NJ ZIP Code + 4 0	8075

ZIP Code + 4 08075

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

Street 151 Forge Road

City Delran
State NJ

Name of Person Filing: File Number C- 00525 LRI Consulting Services, Inc. D. Schediffe of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the 15.a. Employer Name: 15.b. Trade Name, if any: Laboratory Corporation of America Holdings 15.d. Amount 106,720 15.c. To Whom Paid Name Joseph Brock 15.e. Purpose Title Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization East Coast Labor Relations LLC collectively. P.O. Box, Building and Room Number, if any

15.a. Employer Name: 15.b. Trade Name, if any: Laboratory Corporation of America Holdings 15.c. To Whom Paid 15.d. Amount 50,888 Joseph Brock Name 15.e. Purpose Title Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization East Coast Labor Relations LLC collectively. P.O. Box. Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075

ZIP Code + 4 08075

15.a. Employer Name:	15.b. Trade Name, if any:
NTN-Bower Corporation	
15.c. To Whom Paid	15.d. Amount 33,831
Name Joseph Brock	15.e. Purpose
Title  Organization East Coast Labor Relations LLC	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	1
City Delran	
<b>State</b> NJ <b>ZIP Code + 4</b> 08075	

Form LM-21 (2003)

Street 151 Forge Road

Delran

City

State NJ

Name of Person Filing: LRI Consulting Services, Inc. File Number C- 00525

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disburs

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: A&R Logistics Inc 15.d. Amount 10,728 15.c. To Whom Pald Joseph Brock Name 15.e. Purpose Title Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization East Coast Labor Relations LLC collectively. P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075

<pre>15.a. Employer Name:     Avantor Performance Materials</pre>		15.b. Trade Name, if any:		
15.c. To Whom Paid		15.d. Amount 5, 894		
Name Joseph  Title  Organization East Coast La  P.O. Box, Building and Room Num		15.e. Purpose  Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.		
Street 151 Forge Road City Delran				
State NJ	<b>ZiP Code + 4</b> 08075			

15.a. Employer Name: FedEx Freight Corporation		15.b. Trade Name, if any:		
15.c. To Whom Paid		15.d. Amount 94, 499		
Name Joseph Title Organization East Coa P.O. Box, Building and Ro	Brock ast Labor Relations LLC om Number, if any	15.e. Purpose  Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.		
Street 151 Forge Ro	ad			
State NJ	<b>ZIP Code + 4</b> 08075			