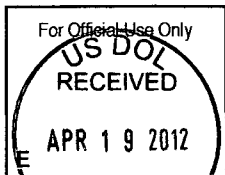


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

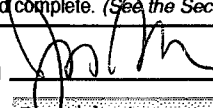
495728

1. File Number <b>C-683</b>	2. Period Covered By This Report From: <b>01 / 01 / 2011</b> Through: <b>12 / 31 / 2011</b>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <b>Joseph Brock</b>	4. Any other address where records necessary to verify this report are kept:
Title <b>President</b>	Name
Organization <b>East Coast Labor Relations, LLC</b>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <b>151 Forge Rd</b>	P.O. Box, Building and Room Number, if any
City <b>Delran</b>	Street
State <b>New Jersey</b> ZIP Code + 4 <b>08075</b>	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 	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title <b>President</b>		Title <b>Treasurer</b>	
On <b>4/12/2012</b>	Date	On <b>1/1</b>	Date
<b>215-840-2088</b>	Telephone Number		Telephone Number

Name of Person Filing:

File Number C-

**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: Baystate Wine	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	15.d. Amount 1,500 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Chickasaw Nation	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	15.d. Amount 28,872 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Cooper Health Systems	15.b. Trade Name, if any: Cooper University Hospital
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	15.d. Amount 1,510 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:	File Number C-
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<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.
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<b>15.a. Employer Name:</b> Cowan Systems, LLC	<b>15.b. Trade Name, if any:</b> 
<b>15.c. To Whom Paid</b> Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	<b>15.d. Amount</b> 4,217 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> Johnson Controls, Inc.	<b>15.b. Trade Name, if any:</b> 
<b>15.c. To Whom Paid</b> Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	<b>15.d. Amount</b> 7,592 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> Miklin Enterprises dba Jimmy John's	<b>15.b. Trade Name, if any:</b> 
<b>15.c. To Whom Paid</b> Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	<b>15.d. Amount</b> 25,500 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:

File Number C-

**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: Minnesota Shredding	15.b. Trade Name, if any: 
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	15.d. Amount 15,638 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: National Lumber Company	15.b. Trade Name, if any: 
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	15.d. Amount 8,904 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: NetJets North America	15.b. Trade Name, if any: 
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	15.d. Amount 10,983 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:

File Number C-

**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.

<b>15.a. Employer Name:</b> Northrop Grumman	<b>15.b. Trade Name, if any:</b> 
<b>15.c. To Whom Paid</b> Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	<b>15.d. Amount</b> 7,458 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> O'Reilly Auto Parts	<b>15.b. Trade Name, if any:</b> 
<b>15.c. To Whom Paid</b> Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	<b>15.d. Amount</b> 11,133 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> Poet	<b>15.b. Trade Name, if any:</b> 
<b>15.c. To Whom Paid</b> Name Joseph Brock Title Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075	<b>15.d. Amount</b> 5,777 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:

File Number C-

**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.

<b>15.a. Employer Name:</b> R.J. Reynolds Tobacco Company	<b>15.b. Trade Name, if any:</b> 
<b>15.c. To Whom Paid</b> <b>Name</b> Joseph Brock <b>Title</b> <b>Organization</b> East Coast Labor Relations LLC <b>P.O. Box, Building and Room Number, if any</b> <b>Street</b> 151 Forge Road <b>City</b> Delran <b>State</b> NJ <b>ZIP Code + 4</b> 08075	<b>15.d. Amount</b> 27,741 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> TMK IPSCO Tubulars, Inc.	<b>15.b. Trade Name, if any:</b> 
<b>15.c. To Whom Paid</b> <b>Name</b> Joseph Brock <b>Title</b> <b>Organization</b> East Coast Labor Relations LLC <b>P.O. Box, Building and Room Number, if any</b> <b>Street</b> 151 Forge Road <b>City</b> Delran <b>State</b> NJ <b>ZIP Code + 4</b> 08075	<b>15.d. Amount</b> 5,787 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 <b>Stericycle</b>	P.O. Box, Building and Room Number, if any		
Trade Name	Street <b>6240 McKisson Ave</b>		
Attention To	City <b>St. Louis</b>		
Title	State <b>Missouri</b>	ZIP Code + 4 <b>63147</b>	

5.b. Termination Date <b>2/17/12</b>	5.c. Amount <b>5983.95</b>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<b>168,595.95</b>
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**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: <b>Stericycle</b>	15.b. Trade Name, if any: 
15.c. To Whom Paid	15.d. Amount <b>2,367.40</b>
Name <b>Rebecca Smith</b>	15.e. Purpose <b>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively</b>
Title	
Organization <b>Taltos Consulting</b>	
P.O. Box, Building and Room Number, if any	
Street <b>1474 Lodgepole Dr</b>	
City <b>Henderson</b>	
State <b>Nevada</b>	ZIP Code + 4 <b>89014</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
<b>2,367.40</b>	