

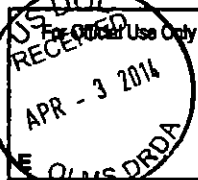
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 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

553419

1. File Number C- <u>603</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	<u>01/01/2013</u>		<u>12/31/2013</u>

A. Person Filing	
3. Name and mailing address (Include ZIP Code):	
Name <u>Joseph</u> <input type="checkbox"/> <u>Brook</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name <input type="checkbox"/> <input type="checkbox"/>
Organization <u>East Coast Labor Relations, LLC</u>	Title <input type="checkbox"/>
P.O. Box, Building and Room Number, if any <input type="checkbox"/>	Organization <input type="checkbox"/>
Street <u>151 Forge Rd</u>	P.O. Box, Building and Room Number, if any <input type="checkbox"/>
City <u>Delran</u>	Street <input type="checkbox"/>
State <u>New Jersey</u> <input type="checkbox"/> ZIP Code + 4 <u>08075</u>	City <input type="checkbox"/>
	State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>

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 <u>[Signature]</u> President (if other title, see instructions)	18. Signed _____ Treasurer (if other title, see instructions)
Title <u>President</u>	Title <u>Treasurer</u>
On <u>03/28/2014</u> <u>215-840-2088</u>	On <u>/ /</u> <u></u>
Date Telephone Number	Date Telephone Number

Name of Person Filing:	File Number C-
------------------------	----------------

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 Labor Relations Institute, Inc

Trade Name LRI

Attention To Phillip 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

5.c. Amount 0

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0

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: BREDEMANN Toyota

15.b. Trade Name, if any:

15.c. To Whom Paid

Name JOSEPH BLACK

Title

Organization EMS-GAST Labor Relations

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

Street 151 Forge Rd

City Delmar

State Washington NJ ZIP Code + 4 08071

15.d. Amount 4,247.11

15.e. Purpose

Engaged to communicate to employees regarding exercising their right to organize and bargain collectively

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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: Caterpillar 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: 31,111 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Hannafor Brothers	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: 48,293 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: BAE Systems Southeast Shipyards	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: 51,780 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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: Blue Diamond Disposal	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 3,140 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Commercial Transport, Inc	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 10,938 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CPC Logistics	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 2,285 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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: Dawn Food Products	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: 8,880 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: HollyFrontier Companies	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: NDI Driveshaft	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: 23,935 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 disbursements made for the purposes described in Part D of the instructions.
---	---

15.a. Employer Name: Shuttle Wagon/NORDCO	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 2,394 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: The May Institute, Inc.	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 25,392 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: UPS	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 7,459 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.