Office of Labor-Management Standards Washington, DC 20210

## FUNIVI LIVITA I RECEIPTS AND DISBURSEMENTS REPORT

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

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.

(ASO) OF THE 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)

RECEIVED Official Use Only APR 0 7 2015

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** 

1 . File Number C-T ( )	2. Period Covered Month/Day/Year (mm/dd/yyyy)	Month/Day/Year ( mm/dd/yyyy )
	By This Report 01 / 01 / 2014 Through	
A. Person Filing		· ·
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to ve	erify this report are kept:
Name Joseph Brock	Name	
Title President	Title	
Organization East Coast Labor Relations, LLC	Organization	
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any	1
Street 151 Forge Rd	Street	
City Delran	City	error - have all the parties of the control of the
State New Jersey ZIP Code + 4 08075	State	Code + 4
Sign	atures	
Each of the undersigned declares, under penalty of perjury and other applicable penaltinformation contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ties of law, that all of the information submitted in this repor	
17. Signed President	18. Signed	Treasurer
Title President (if other title, see instructions)	Title Treasurer	(If other title, see
on 3/26/2015 215-840-2088	On/	
Date Telephone Number	Date Telephone Numl	per

Name of Person Filing: File Number C-						
			_			
B. Statement of Receipts Report all receipts from or services.	n employers i	n connection w	rith labor relation	ns advice or servic	es regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade na	me, if any).		N	Mailing Address:		
Employer Please see attached	-, - <b>,,</b> ,			Building and Room	Number, if any	
Trade Name			Street	e de seus consequentes que seus consequentes que se no se seus consequentes que seus describer en no se seus consequentes que se se seus describer en no se seus consequentes que se	entrante la recomposita describación de transfer en establicada de la composita del la composita de la composita de la composita del la	and the same of th
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Attention To			City	City		
Title			State ;		ZIP Code	+4
				the second terminal second	to the second of	
5.b. Termination Date			5.c. Amount	t		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
					<del>-</del> · · · · · · · · · · · · · · · · · · ·	
					····	
C. Statement of Disbursements Report all di to the emplo	sbursements yers listed in	made by the re Part B.	eporting organiza	ation in connection	with labor relations advice	or services rendered
7. Disbursements to Officers and Employees:						
(a) Name	(b) Salary	(c) Expenses (	d) Totals	T		\
		1422		<del> </del>	Iministrative Expenses	
A CONTRACTOR OF THE PROPERTY O			·	10. Publicity		1
	<u> </u>			11. Fees for Pro	fessional Services	
		1		12. Loans Made		
				13. Other Disbu	rsements	The first termination of the contraction of the con
8. Total disbursements to officers and employees	:			14. Total Disburse	ements (Sum of Items 8-13)	
D. Sahadula of Diahuraamanta far Barantahla	A calleday					
D. Schedule of Disbursements for Reportable	ACLIVILY	instructions.	dule to report or	nly disbursements	made for the purposes des	cribed in Part D of the
15.a. Employer Name:		/ ^	15.b. Trade	e Name, If any:	<del></del>	
LABON Relations Services	INC	L.R.S. I)	TO	RSI	a name a same of all an archive to the control order of the control of an archive order of the control of the c	a
	·/====================================	<u> </u>		- 2012 - 11111	ran werg	أبدمه
15.c. To Whom Paid	,		15.d. Amou	unt 15,000	a distribution I	,
Name Joseph	sco US		15.e. Purpo	ose		
Title President			Enga	red to co	ommunicate to	enployers
Organization EDST CORT LASSIN PRIOTONS LLC			أرمم وأأ	2: their	rights to one	100, W 4
ENSTEE STATE OF THE STATE OF TH			ا المحالات		•	<b>'</b>
P.O. Box, Building and Room Number, if any			Collec	thing be	eights to one	•
					1	
Street ITI Forge Put			:			
city DelRAV, NJ						j
the second of th	P Code + 4	68075		n n saidhinn - 'n El y maid y marin -		
16. TOTAL DISBURSEMENTS FOR ALL REPOR			1			
	\$ 22	19,12	<del>)</del>			
# <b>\u</b>						

Name of Person Filing:	LRI Consulting Services, Inc.	File Number C- 00525
1		

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	15.d. Amount 16, 376
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 08	3075

15.a. Employer Name: Commercial Transport Inc		15.b. Trade Name, if any:		
15.c. To Whom Paid		15.d. Amount 2,284		
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				
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 17,947
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.
P.O. Box. Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State NJ ZIP Code + 4 08075	5

Form LM-21 (2003)

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

· · · · · · · · · · · · · · · · · · ·	Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.		
15.a. Employer Name: LifeCare Management Services	15.b. Trade Name, if any:		
15.c. To Whom Paid	15.d. Amount 30,029		
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			
City Delran			

**ZIP Code + 4** 08075

15.a. Employer Name:  Mountaire Farms Inc	15.b. Trade Name. if any:
15.c. To Whom Paid	15.d. Amount 16, 938
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
Organization East Coast East Netations Ele	collectively.
P.O. Box, Building and Room Number, if any	
Street 151 Forge Road	
City Delran	İ
<b>State</b> NJ <b>ZIP Code + 4</b> 08075	

15.a. Employer Name: Norris		15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 50,149
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 N	lumber, if any	
Street 151 Forge Road		
City Delran		
State NJ	<b>ZIP Code + 4</b> 08075	

Form LM-21 (2003)

State NJ

Use this Schedule to report only disbursements made for the purposes described in Part D of the D. Schedule of Disbursements for Reportable Activity 15.a. Employer Name: 15.b. Trade Name, if any: Owens Corning 15.d. Amount 16,802 15.c. To Whom Paid Joseph Brock Name 15.e. Purpose 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, it any Street 151 Forge Road City Delran State NJ ZIP Code + 4 08075

15.a. Employer Name: Sun Chemical Corporation		15.b. Trade Name, if any:		
15.c. To Whom Paid		15.d. Amount 10, 676		
Name Joseph	Brock	15.e. Purpose		
Title  Organization East Coast La	bor Relations LLC	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.		
P.O. Box, Building and Room Numl	ber. if any			
Street 151 Forge Road				
City Delran				
State NJ	<b>ZIP Code + 4</b> 08075			

15.a. Employer Name: The Fountains Oper	ating Co (NY), Inc.	15.b. Trade Name, if any:	
15.c. To Whom Paid		15.d. Amount 3, 391	
<b>Name</b> 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.	
P.O. Box, Building and Room N	lumber, if any		
Street 151 Forge Road			
City Delran			
State NJ	<b>ZIP Code + 4</b> 08075		

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Name of Person Filing: LRI Consulting Services, Inc.	Name of Person Filing:	LRI Consulting Services, Inc.	File Number C- 00525
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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: Treasure Island Hotel & Casino	15.b. Trade Name, if any:			
15.c. To Whom Paid	15.d. Amount 16,142			
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.			
P.O. Box. Building and Room Number. if any				
Street 151 Forge Road				
City Delran				
State NJ ZIP Code + 4 080	075			

15.a. Employer Name: Trump Ruffin Commercial LLC	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 7,046
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	
City Delran	
State NJ ZIP Code + 4 080	75

15.a. Employer Name: URS Federal Services	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 7,309
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.
P.O. Box. Building and Room Number, if any	
Street 151 Forge Road	
City Delran	
State NJ ZIP Code + 4 08075	

Form LM-21 (2003)

Use this Schedule to report only disbursements made for the purposes described in Part D of the D. Schedule of Disbursements for Reportable Activity instructions. 15.a. Employer Name: 15.b. Trade Name, if any: Van-Rob Inc 15.d. Amount 19,033 15.c. To Whom Paid Joseph Brock Name 15.e. Purpose 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 Delran City State NJ ZIP Code + 4 08075

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