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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

526665	
1. File Number: C- 683	
Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Joseph Brock	Name
Title East Coast Labor Relations, LLC	Title
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 151 Forge Rd.	Street
City Delran	City
State New Jersey ZIP Code + 4 08075	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 a Individual b Partnership	c Corporation d 🗸 Other (Specify): 🖒 🖟
	· ·
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name	
Organization Professional Transportation Inc	8. Name of person(s) through whom made:
Trade Name, if any	Name Steve McClennan
P.O. Box, Bldg., Room;No., if any	Name
Street 3325 Plymouth St	Name
City Jacksonville	Name
State Florida ZIP Code + 4 32205	Name
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 Section VII on penalties in the instructions.)	
13. Signed President (If other title; see	14. Signed Treasurer (If other title; see
Title President instructions)	Title d instructions)
On 04/11/2013 215-840-2088 Date Telephone Number	On
Date reichtone raumber	Date rejeptione rigitibet

Filer.	File Number C-
9. Check the appropriate box to indicate whether an object of the activities under	aken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuade em collectively through representatives of their own choosing.	ployees as to the manner of exercising, the right to organize and bargain
To supply an employer with information concerning the activities of employer, except information for use solely in conjunction with an	ployees or a labor organization in connection with a labor dispute involving administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreements Verbal agreement to provide consultation and give sorganize and collectively bargain. Terms are 187.50	peeches to employees regarding their rights to
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instruction. Nature of activity: Provide consultation and give speeches to employees collectively bargain.	
11.b. Period during which performed: various days beginning 4/19/12	11.c. Extent performed: fully performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization Labor Relations Institute, Inc	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S. Elm Place	Street
City Broken Arrow	City
State Oklahoma ZIP Code + 4 74013	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Drivers	Teamsters