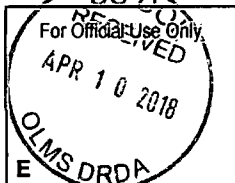


FORM LM-21

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

674697

1. File Number C- <u>683</u>	2. Period Covered By This Report From: <u>01/01/2017</u> Through: <u>12/31/2017</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Joseph Brock</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name <u></u>
Organization <u>East Coast Labor Relations, LLC</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	Organization <u></u>
Street <u>515 S. Gull Lake Dr</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Richland</u>	Street <u></u>
State <u>Michigan</u> ZIP Code + 4 <u>49083</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

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 <u></u> Treasurer (if other title, see instructions)
Title <u>President</u>	Title <u>Treasurer</u>
On <u>3/13/2018</u> <u>215-840-2088</u>	On <u></u> <u></u>
Date Telephone Number	Date Telephone Number

Name of Person Filing: Joseph Brock	File Number C- 683
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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 Reliant Labor Consultants		P.O. Box, Building and Room Number, if any	
Trade Name		Street 10108 Fehlberg Ct	
Attention To Joseph Brock		City St. John	
Title President		State Indiana <input checked="" type="checkbox"/> ZIP Code + 4	

5.b. Termination Date	5.c. Amount
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 383,027

Name of Person Filing: Joseph Brock	File Number C- 683
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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 Labor rElations Institute		P.O. Box, Building and Room Number, if any	
Trade Name LRI		Street 7850 S. Elm PLace	
Attention To Philip <input type="checkbox"/> Wilson		City Broken Arrow	
Title President		State Oklahoma <input checked="" type="checkbox"/> ZIP Code + 4 74013	

5.b. Termination Date	5.c. Amount
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 77,010

Name of Person Filing:

File Number C- 683

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: Konrad Beverage	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations P.O. Box, Building and Room Number, if any Street 515 South Gull Lake Dr City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 7,500 15.e. Purpose

15.a. Employer Name: Quest	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations P.O. Box, Building and Room Number, if any Street 515 South Gull Lake Rd City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 12,500 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Labcorp	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations P.O. Box, Building and Room Number, if any Street 515 South Gull Lake Rd City Richland State Michigan ZIP Code + 4 49083	15.d. Amount 363,027 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525 683
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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.
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15.a. Employer Name: Matthews International Corporation	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title President Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 515 S Gull Lake Drive City Richland State MI ZIP Code + 4 49083	15.d. Amount 4,040 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Mazzoni Center	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title President Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 515 S Gull Lake Drive City Richland State MI ZIP Code + 4 49083	15.d. Amount 12,982 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: The Nielsen Company (US), LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title President Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 515 S Gull Lake Drive City Richland State MI ZIP Code + 4 49083	15.d. Amount 2,988 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 683

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: Corecare Systems, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title President Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 515 S Gull Lake Drive City Richland State MI ZIP Code +4 49083	15.d. Amount 6,081 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Falck Northern California	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title President Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 515 S Gull Lake Drive City Richland State MI ZIP Code +4 49083	15.d. Amount 18,569 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Fuyao Glass America Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Joseph Brock Title President Organization East Coast Labor Relations LLC P.O. Box, Building and Room Number, if any Street 515 S Gull Lake Drive City Richland State MI ZIP Code +4 49083	15.d. Amount 32,350 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.