

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

680974

1. File Number: C- 67257

Person Filing	
2. Name and mailing address (include ZIP Code): Name Joseph Brock Title President Organization Reliant Labor Consultants P.O. Box, Bldg., Room No., if any Street 10108 Fehlberg Court City Saint John State Indiana ZIP Code + 4 46373	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: Dec / 18	5. Type of person: a. <input type="checkbox"/> Individual b. <input checked="" type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Drew Chakeres Organization Laboratory Corporation of America Trade Name, if any P.O. Box, Bldg., Room No., if any Street 531 South Spring St City Burlington State North Carolina ZIP Code + 4 27215	7. Date entered into: 6 / 11 / 2018 8. Name of person(s) through whom made: Name Name Name Name 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 Title President On 7-22-18 Date 7-22-18 Telephone Number 215-840-2088	14. Signed _____ Title Treasurer On _____ Date _____ Telephone Number _____
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

No written agreements. Engaged by Laboratory Corporation of America to educate employees on all aspects of unions so that they could make an informed decision on whether or not to support a union prepetition

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Hold meetings informing employees on all aspects of unions so that they could make an informed decision on whether or not to support a union. Pre-petition

11.b. Period during which performed:

6/11/2018 to 7/21/18

11.c. Extent performed:

various days

11.d. Name and address through whom performed:

Name Joseph Brock  
Organization East Coast Labor Relations  
P.O. Box, Bldg., Room No., if any

Street ~~151 Forge Lane~~ 515 S. Gull Lake DR

City ~~Delran~~ Richland, MI

State ~~New Jersey~~ Michigan ZIP Code + 4 ~~08075~~ 49083

Additional Name and address through whom performed, if any:

Name Rebecca Smith  
Organization Rock Creek Consulting  
P.O. Box, Bldg., Room No., if any

Street 554 Mahard Dr

City Twin Falls

State Idaho ZIP Code + 4 83301

12.a. Identify subject groups of employees:

Various employees

12.b. Identify subject labor organizations:

Food and Commercial Workers