

FORM LM-20 AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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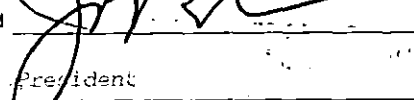
1. File Number: C-61257

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Joseph Brock	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization Reliant Labor Consultants	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 1011 Sonata Lane	P.O. Box, Bldg., Room No., if any
City Apollo Beach	Street
State Florida	City
ZIP Code + 4 33572	State
4. Date fiscal year ends: Dec / 19	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 William Johnson	7. Date entered into: 7 / 16 / 2018
Organization Quest Diagnostics	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 500 Plaza Drive	Name
City Secaucus	Name
State New Jersey	Name
ZIP Code + 4 07094	

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 instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 9-28-19 Date
215-840-2088 Telephone Number

On _____ Date

Telephone Number

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 Quest Diagnostics 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:

8/19/2019 to 9/8/19

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name John Capuchino

Organization

P.O. Box, Bldg., Room No., if any

Street 1210 Poplar St

City Olathe

State Kansas

ZIP Code + 4 66061

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Drivers

12.b. Identify subject labor organizations:

Teamsters

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11.b. Period during which performed:

8/19/2019 to 9/8/19

11.c. Extent performed:

ongoing

11.d. Name and address through whom performed:

Name Byron Clay

Organization BJC & Associates

P.O. Box, Bldg., Room No., if any

Street 1011 Sonata Lane

City Apollo Beach

State Florida

ZIP Code + 4 33572

Additional Name and address through whom performed, if any:

Name Andria Simckes

Organization ADS Consulting

P.O. Box, Bldg., Room No., if any

Street 1011 Sonata Lane

City Apollo Beach

State Florida

ZIP Code + 4 33572

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