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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 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.

1. File Number: C-67257

Person Filing

2. Name and mailing address (include ZIP Code):

Name Byron J. Clay

Title Principal

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 / 16

5. Type of person:

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):

Name Lisa A. Dubey

Organization Quest Diagnostics, Inc

Trade Name, if any

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

Street 200 Forest St

City Marlborough

State Massachusetts

ZIP Code + 4 01752

7. Date entered into: / /

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

President
(If other title see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Filer: Byron Clay Reliant Labor Consultants

File Number C- 67257

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. We were engaged by Quest Diagnostics, Inc. to educate employees on all aspects of unions so that they could make informed decisions on whether or not to support a union.

Specific Activities to be Performed

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

a Nature of activity:

Held meetings informing employees on all aspects of unions so that they could make informed decisions on whether or not to support a union.

11 b. Period during which performed:

Starting 11/28/2016

11.c. Extent performed:

Ongoing

11 d Name and address through whom performed.

Name Byron J Clay

Organization BJC & Associates Inc

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

Street 10108 Fehlberg Court

City Saint John

State Indiana

ZIP Code + 4 46373

Additional Name and address through whom performed, if any.

Name Kirsten Moore

Organization

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

Street 139 Drexel Rd

City Ardmore

State Pennsylvania

ZIP Code + 4 19003

12.a. Identify subject groups of employees:

Phlebotomists and clerks

12.b. Identify subject labor organizations:

United Food and Commerical Workers