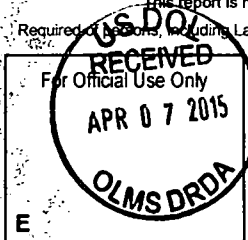


# RECEIPTS AND DISBURSEMENTS REPORT

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

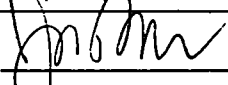
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|                       |  |                                |          |                                |
|-----------------------|--|--------------------------------|----------|--------------------------------|
| 1. File Number C-1085 | 2. Period Covered<br>By This Report<br>From: | Month/Day/Year<br>(mm/dd/yyyy) | Through: | Month/Day/Year<br>(mm/dd/yyyy) |
|                       |  | 01 / 01 / 2014                 |          | 12 / 31 / 2014                 |

|  |                                 |
|--|---------------------------------|
| <b>A. Person Filing</b>  |                                 |
| 3. Name and mailing address (include ZIP Code):                              |                                 |
| Name   | Joseph Brock                    |
| Title  | President                       |
| Organization   | East Coast Labor Relations, LLC |
| P.O. Box, Building and Room Number, if any                                   |                                 |
| Street   | 151 Forge Rd                    |
| City   | Delran                          |
| State  | New Jersey ZIP Code + 4 08075   |
| 4. Any other address where records necessary to verify this report are kept: |                                 |
| Name   |                                 |
| Title  |                                 |
| Organization   |                                 |
| P.O. Box, Building and Room Number, if any                                   |                                 |
| Street   |                                 |
| City   |                                 |
| State  | ZIP Code + 4                    |

## 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  | President<br>(if other title, see instructions) | 18. Signed _____  | Treasurer<br>(If other title, see instructions) |
| Title President  |   | Title Treasurer   |   |
| On 3/26/2015   | 215-840-2088                                    | On ____/____/____ |   |
| Date   | Telephone Number                                | Date              | Telephone Number                                |

Name of Person Filing:

File Number C-

**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:

P.O. Box, Building and Room Number, if any

Employer Please see attached

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**C. Statement of Disbursements** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses (d) Totals

|   |  |  |  |  |   |  |
|---|--|--|--|--|---|--|
|   |  |  |  |  | 9. Office and Administrative Expenses       |  |
|   |  |  |  |  | 10. Publicity                               |  |
|   |  |  |  |  | 11. Fees for Professional Services          |  |
|   |  |  |  |  | 12. Loans Made                              |  |
|   |  |  |  |  | 13. Other Disbursements                     |  |
| 8. Total disbursements to officers and employees: |  |  |  |  | 14. Total Disbursements (Sum of Items 8-13) |  |

**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:

LABOR RELATIONS SERVICES, INC (L.R.S.I.)

15.b. Trade Name, If any:

LRSE

15.c. To Whom Paid

15.d. Amount

Name

JOSEPH

BROOK

Title

President

Organization

EAST COAST LABOR RELATIONS, LLC

15.e. Purpose

engaged to communicate to employees regarding their rights to organize & collectively bargain.

P.O. Box, Building and Room Number, if any

Street

151 Forge Rd

City

Delran, NJ

State

Washington NJ

ZIP Code + 4

08075

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

\$229,122

|  |                      |
|--|----------------------|
| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 |
|--|----------------------|

|   |   |
|---|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b> | Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. |
|---|---|

|  |   |
|--|---|
| 15.a. Employer Name:<br>Caterpillar Company  | 15.b. Trade Name, if any:   |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 16,376<br>15.e. Purpose<br>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

|  |  |
|--|--|
| 15.a. Employer Name:<br>Commercial Transport Inc   | 15.b. Trade Name, if any:  |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 2,284<br>15.e. Purpose<br>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

|  |   |
|--|---|
| 15.a. Employer Name:<br>FedEx Freight Corporation  | 15.b. Trade Name, if any:   |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 17,947<br>15.e. Purpose<br>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 |
|--|----------------------|

|   |   |
|---|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b> | Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. |
|---|---|

|  |   |
|--|---|
| 15.a. Employer Name:<br>LifeCare Management Services   | 15.b. Trade Name, if any:   |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 30,029<br>15.e. Purpose<br>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

|  |   |
|--|---|
| 15.a. Employer Name:<br>Mountaire Farms Inc  | 15.b. Trade Name, if any:   |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 16,938<br>15.e. Purpose<br>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

|  |   |
|--|---|
| 15.a. Employer Name:<br>Norris   | 15.b. Trade Name, if any:   |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 50,149<br>15.e. Purpose<br>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

**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.

|   |   |
|---|---|
| <b>15.a. Employer Name:</b><br>Owens Corning  | <b>15.b. Trade Name, if any:</b>  |
| <b>15.c. To Whom Paid</b><br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | <b>15.d. Amount</b> 16,802<br><b>15.e. Purpose</b><br>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

|   |   |
|---|---|
| <b>15.a. Employer Name:</b><br>Sun Chemical Corporation   | <b>15.b. Trade Name, if any:</b>  |
| <b>15.c. To Whom Paid</b><br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | <b>15.d. Amount</b> 10,676<br><b>15.e. Purpose</b><br>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

|   |  |
|---|--|
| <b>15.a. Employer Name:</b><br>The Fountains Operating Co (NY), Inc.  | <b>15.b. Trade Name, if any:</b>   |
| <b>15.c. To Whom Paid</b><br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | <b>15.d. Amount</b> 3,391<br><b>15.e. Purpose</b><br>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 |
|--|----------------------|

|   |   |
|---|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b> | Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. |
|---|---|

|  |   |
|--|---|
| 15.a. Employer Name:<br>Treasure Island Hotel & Casino   | 15.b. Trade Name, if any:   |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 16,142<br>15.e. Purpose<br>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

|  |  |
|--|--|
| 15.a. Employer Name:<br>Trump Ruffin Commercial LLC  | 15.b. Trade Name, if any:  |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 7,046<br>15.e. Purpose<br>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

|  |  |
|--|--|
| 15.a. Employer Name:<br>URS Federal Services   | 15.b. Trade Name, if any:  |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 7,309<br>15.e. Purpose<br>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 |
|--|----------------------|

|   |   |
|---|---|
| <b>D. Schedule of Disbursements for Reportable Activity</b> | Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions. |
|---|---|

|  |   |
|--|---|
| 15.a. Employer Name:<br>Van-Rob Inc  | 15.b. Trade Name, if any:   |
| 15.c. To Whom Paid<br>Name Joseph Brock<br>Title<br>Organization East Coast Labor Relations LLC<br>P.O. Box, Building and Room Number, if any<br>Street 151 Forge Road<br>City Delran<br>State NJ ZIP Code + 4 08075 | 15.d. Amount 19,033<br>15.e. Purpose<br>Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |