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. 1215-0188
Expires 09-30-2011



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- 683	
Person Filing 2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Joseph P Brock	
	Name
Title President	Title of the angle of the angle of the entire that the entire the entire that the entire that the entire that the entir
Organization East Coast Labor Relations, LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 151 Forge Road	Street St
City Delran	City City Charles the Control of the
State New Jessey SZIP Code + 4 08075	State ZIP Code + 4
4. Date fiscal year ends: 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):	7. Date entered into: 8 / 12 / 2009
Name (1999) Name (8. Name of person(s) through whom made:
Organization University of the Sciences in Philadelph	· · · · ·
Trade Name, if any	Name Bet
P.O. Box, Bldg., Room No., if any	Name (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Street 600 South 43rd Street	Name (1996) (1996) (1996) (1996) (1996) (1996)
City Philadelphia	Name of Distriction of the Hard Hard Hard Hard Hard Hard Hard Hard
State Oregon	Name In the American State of the American S
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed President (If other title, see instructions)	
On <u>6-29-10</u> <u>215-840-2088</u> Date Telephone Number	On Date Telephone Number

Fler. East Coast Labor Relations, LLC	File Number C-	
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.): Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain colletively. Terms are \$187.50 per hour plus expenses.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a. Nature of activity: To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.		
11.b. Period during which performed:	11.c. Extent performed:	
various days beginning 8/27	Fully performed	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name : Programme :	Name of the second seco	
Organization LRI Consulting Services, Inc.	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 7850 S Elm Place, Suite E	Street	
City Broken Arrow	City	
State Ohio ZIP Code + 4 74011	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Housekeeping, Custodial, Facillities, Maintenance	Teamsters #500	