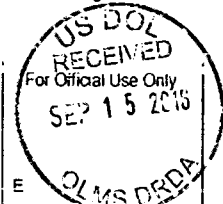


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



This report is mandatory under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA), and is subject to the 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.

626573

1. File Number: 626573

Person Filing	
2. Name and mailing address (include ZIP Code): Name <b>Byron J. Clay</b> Title <b>President</b> Organization <b>Reliant Labor Consultants</b> Street <b>10108 Fehlberg Court</b> City <b>Saint John</b> State <b>Indiana</b> ZIP Code <b>46782</b>	3. Any other address where records necessary to verify this report are kept: Name Title Organization Street City State ZIP Code
4. Date fiscal year ends: Dec <input checked="" type="checkbox"/> / 16	5. Type of person: a. Individual b. Partnership c. <input checked="" type="checkbox"/> Corporation d. Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name <b>Ribka Fox</b> Organization <b>Quest Diagnostics, Inc.</b> Trade Name, if any P.O. Box, Bldg., Room No., if any Street <b>8401 Fallbrook Ave</b> City <b>West Hills</b> State <b>California</b> ZIP Code <input checked="" type="checkbox"/> 4 91304	7. Date entered into: / / 8. Name of person(s) through whom made: 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 203(b) of the LMRDA for penalties in the instructions.)

13. Signed _____ Title <b>President</b>	President (If other title, see instructions)	14. Signed _____ Title <b>Treasurer</b>	Treasurer (If other title, see instructions)
On _____ Date	Telephone Number	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. We were engaged by Quest Diagnostics, Inc to educate employees on all aspects of unions so that they could make an informed decision 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 an informed decision on whether or not to support a union.

11.b. Period during which performed:

Starting 7/28/2016

11.c. Extent performed:

Complete

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 Evelyn Fragoso  
Organization Quality Labor Solutions  
P.O. Box, Bldg., Room No., if any  
Street 6255 Condon Ave  
City Los Angeles  
State California ☒ ZIP Code + 4 90056

12.a. Identify subject groups of employees:

Phlebotomists and clerks

12.b. Identify subject labor organizations:

United Food and Commercial Workers