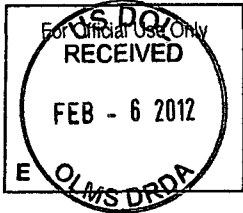


FORM LM-21

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

1. File Number C- 683	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2011	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2011
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A. Person Filing

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
Title **President** ☒ President
(if other title, see instructions)

18. Signed _____
Title **Other (Specify)** ☒ Treasurer
(If other title, see instructions)

On **01/28/2012** **215-840-2088**
Date Telephone Number

On **/ /** _____
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 Labor Relations Institute

PO Box 1529

Trade Name

Street 7850 S. Elm Place

Attention To Philip Wilson

City Broken Arrow

Title President

State Oklahoma ZIP Code + 4 74013

5.b. Termination Date N/A

5.c. Amount 168596

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

Rebecca Smith	2000	616.55		9. Office and Administrative Expenses	7,800
				10. Publicity	3,290
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	20,840
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:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

Name

15.e. Purpose

Title

Organization

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

Street

City

State Other ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Additional Employer Address

Stericycle
28161 N. Keith Dr.
Lake Forest, IL 60045

Contact:

Peter G. Fischer
STOKES ROBERTS & WAGNER
Atlanta, GA

404.766.0076 (o)
404.766.8823 (f)
303.552.7609 (c)

Amount: \$5,983.55