U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

Month/Day/Year

(mm/dd/yyyy)

12 / 31 / 2017

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)



1 . File Number C-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

By This Report From: 664541

Through:

Month/Day/Year (mm/dd/yyyy)

01,/01,/2017

A. Person Filing	,
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Joseph Brock	Name
Title Reliant Labor Consultants LLC	Title
Organization	Organization
P.O. Box, Building and Room Number, if any Street 10108 Fehl/berg Ct City Saint John State Indiana ZIP Code + 4 46373	P.O. Box, Building and Room Number, if any Street City State
Signa	tures
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 fundersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).	
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 2/1/18 215 840 - 20 38 Date Telephone Number	On Date Telephone Number
and the first of the second se	

Name of Person Filing: Joseph Brock	File Number C- 67257	
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 Konrad Beverage		
Trade Name	Street 1320 Hurffville Rd	
Attention To Herb Konrad, Jr	City Deptford	
Title	State New Jersey ZIP Code + 4 :08:09.6	
5.b. Termination Date 05/02/2017	5.c. Amount 7,500	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,174,037		
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered	
7. Disbursements to Officers and Employees:	A-16	
(a) Name (b) Salary (c) Expenses (d) To		
The second secon	Office and Administrative Expenses 10. Publicity	
The same of the sa	11. Fees for Professional Services	
Account of the second of the s	12. Loans Made	
Company of the second s	13. Other Disbursements	
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)	
Testing to the second s		
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes described in Part D of the	
15.a. Employer Name:	15.b. Trade Name, If any:	
Labcorp	The second secon	
15.c. To Whom Paid	15.d. Amount (4.53), 22.7	
Name Joseph Brock	la la jujungtaran sa manangan kandunan panan katana di	
Title	15.e. Purpose Engaged to Communicate to employees regarding	
ا به کام درگاه با در	their right to organize and bargain collectively	
Organization East Coast Lábor Relations		
P.O. Box, Building and Room Number, if any		
Street 515 S. Gull Lake Dr	The state of the s	
City Richland	Time and the second sec	
Brookly . Survey and was be dear or invested and make the wife of the make to a stable of the stable		
Some appears of the trial algorith States and the trial and the same as a substantiage and th	Separative services and the administrative colored to the colored	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 1,327,65	51	

Form LM-21 (2003)

Name of Person Filing: Joseph Brock	File Number C-
B. Statement of Receipts Report all receipts from employers in connection values or services.	vith labor relations advice or services regardless of the purposes of the
5 a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Labcorp Trade Name Attention To: Drew Chakerea Title	Street 531 S. Spring St. City Burlington State North Carolina ZIP Code + 4 27215
5.b. Termination Date ongoing	5.c. Amount 650, 840
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer Lifecare Trade Name Attention To: Holly Bohannan Title	Street 5340 Legacy Dr City Plano State Texas ZIP Code + 4 75024
5.b. Termination Date longoing	5.c. Amount 21, 874.
5.a. Name and Address of Employer (including trade name, if any). Employer Quest Diagnostics Trade Name Attention To: Ribka Title	Mailing Address: P.O. Box. Blda Room No if anv Street 8401 Fallbrook Ave City West Hills State California ZIP Code + 4 91304
5.b. Termination Date (ongoing	5.c. Amount \$200,887
5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 200, 887 Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any). Employer Save Mart Trade Name Attention To: Eric Pifer Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street 1800. Standiford Ave City Modesto State Caddifornia ZIP Code + 4 95350;
5.a. Name and Address of Employer (including trade name, if any). Employer Save Mart Trade Name Attention To: Eric Pifer	Mailing Address: P.O. Box, Bldg., Room No., if any Street 1800. Standiford Ave City Modesto. State Cantifornia ZIP Code + 4 05350;
5.a. Name and Address of Employer (including trade name, if any). Employer Save Mart Trade Name Attention To: Eric Pifer Title 5.b. Termination Date ongoing	Mailing Address: P.O. Box, Bldg. Room No., if any Street 1800. Standiford Ave City Modesto State Caddifornia ZIP Code + 4 95350; 5.c. Amount 292./936:
5.a. Name and Address of Employer (including trade name, if any). Employer Save Mart Trade Name Attention To: Eric Pifer Title 5.b. Termination Date ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	Mailing Address: P.O. Box, Bldg., Room No., if any Street 1800, Standiford Ave City Modesto State Caddifornia ZIP Code + 4 95350; 5.c. Amount 292, 936: Mailing Address: P.O. Box, Bldg., Room No., if any Street City
5.a. Name and Address of Employer (including trade name, if any). Employer Save Mart Trade Name Attention To: Eric Pifer Title 5.b. Termination Date ongoing 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street 1800, Standiford Ave City Modesto State Caddifornia ZIP Code + 4 95350; 5.c. Amount 292, 936: Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

Name of Person Filing: Joseph Brock	File Number C-
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 86, 400
Name Byron Clay Title Organization BJC and Associates	15.e Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct City Saint John State Indiana ZIP Code + 4 46373	
15.a. Employer Name: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 92, 888
Name Evelyn Fragosa	15.e. Purpose
Title Organization Quality Labor Solutions	Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 6255 Condon Ave City :Lios Angeles State California ZIP Code + 4 90056	
15.a. Employer Name:	15.b. Trade Name, If any:
Labcorp	
15.c. To Whom Paid	15.d. Amount 3.7, 173
Name Kristen Moore	15.e. Purpose
Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively
Organization [2230 100 22301100 20123011 00110011
P.O. Box, Building and Room Number, if any	
Street: 139 Drexel Rd	
City Ardmore	
State Pennsylvania ZIP Code + 4 19003	

Name of Person Filing: Joseph Brock	File Number C-
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: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount [38, 053]
Name Cynthia Byrd Title Organization Bright Productions Group.	15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street Urb Mar Azul Calle Malecon	
City Hatillo State Puerto Rico ZIP Code + 4 00659	Commence of the commence of th
15.a. Employer Name: Quest	15.b. Trade Name, If any:
15.c. To Whom Paid Name Joseph Brock Title Organization, East Coast Labor Relations	15.d Amount 38,867 15.e Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 515 South Gull Lake Dr. City Richland State Michigan ZIP Code + 4 49083	
15.a. Employer Name: :Quest	15.b. Trade Name, If any:
15.c. To Whom Paid Name Byron Title Organization BJC and Associates	15.d. Amount 91,446 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct City Saint John State Indiana ZIP Code + 4 46373	

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15:a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 57, 383
Name Kirsten Moore	15.e. Purpose
Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively
Organization	cherr right to organize and sargari correctively
P.O. Box, Building and Room Number, if any Street 139 Drexel Rd City Ardmore State Pennsylvania ZIP Code + 4 19003	
15.a. Employer Name: Quest	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 24, 613.
Name Evelyn Fragoso	15.e. Purpose
Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively
Organization Quality Labor Solutions	cherr right to organize and pargari correctively
P.O. Box, Building and Room Number, if any Street 6255 Condon Ave City Los Angeles State California ZIP Code + 4 90056	
15:a, Employer Name: Quest	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 25, 525
Name Rebecca Smith	15.e. Purpose
Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively
Organization Rock Creek Consulting	cheff right to organize and bargain correctively
P.O. Box, Building and Room Number, if any	
Street 544 Mahard Dr.	
City Twin Falls State Idaho ZIP Code + 4 83301	
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Name of Person Filing: Joseph Brock	File Number C-
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: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 63, 53.0
Name Rebecca Smi/th Title Organization Rock Creek Consulting	15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 544 Mahard Dr City Twin Falls State Idaho ZIP Code + 4 83301	
15.a. Employer Name:	15.b. Trade Name, If any:
Lifecare	The state of the s
15.c. To Whom Paid Name Joseph Brock Title Organization East Coast Labor Relations	15.d. Amount 3,550 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 515 S. Gull Lake Dr City Richland State Michigan ZIP Code + 4 49083	
15 a Employor Name	15.b. Trade Name, If any:
15.a. Employer Name: Lifecare	
15.c. To Whom Paid	15.d. Amount 3, 550
Name Byron Clay Title Organization BJC and Associates	15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Ct City Saint John	
State Indiana ZIP Code + 4 • 46373	

Name of Person Filing: Joseph Brock	File Number C-
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Lifecare	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount (11, 374
Name Kristen Moore	15.e. Purpose
Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively
Organization(
P.O. Box, Building and Room Number, if any	
Street 139 Drexel Rd City Ardmore	
State Pennsylvania ZIP Code + 4 19003	The state of the s
15.a. Employer Name: Konrad Beverages	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 7,,500
Name Joseph Brock	15.e. Purpose
Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively
Organization East Coast Labor Relations P.O. Box, Building and Room Number, if any Street 515 South Gull Lake Dr City Richland State Michigan ZIP Code + 4 49083	
15.a. Employer Name:	15.b. Trade Name, If any:
Save Mart	Augustus and the state of the s
15.c. To Whom Paid	15.d. Amount 45, 400
Name Joseph Brock	15.e. Purpose
Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively
Organization East Coast Labor Relations	denergy tradic to disamirze and paragram correctively
P.O. Box, Building and Room Number, if any	
Street 515 S Gull Lake Dr City Richland	
State Michigan ZIP Code + 4 4 9 0 8 3	

Name of Person Filling: Joseph Brock	File Number C-
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15.a. Employer Name: Save Mart	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 132,281
Name Byron Clay Title Organization BJC and Associates	15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court. City Saint John State Indiana ZIP Code + 4 46373	
15.a. Employer Name:	15.b. Trade Name, If any:
,Save Mart	And the second s
15.c. To Whom Paid	15.d. Amount 339, 165
Name Rebecca Smith Title	15.e Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any Street 544 Mahard Dr City Twin Falls State Idaho ZIP Code + 4 83301	
	15 h. Trada Nama If any
15.a. Employer Name: Save Mart	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 75, 726
Name Jason Greer Title Organization, Greer Consulting	15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number; if any Street 4301 Hawkins Ridge Dr City St Louis	
State Missouri ZIP Code + 4:63129	