

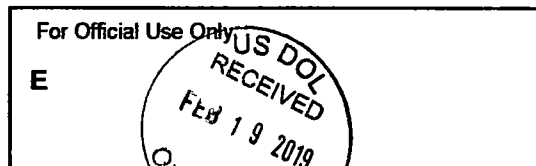
FORM LM-20 – AGREEMENT & ACTIVITIES REPORT

OMB No. 1245-0003. Expires XX-XX-XXXX.

IMPORTANT: 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).

Office of Labor-Management Standards
U.S. Department of Labor

OLMS



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► Read the instructions carefully before completing this report. ◀

1.a. File Number: <u>C- 683</u>		1.b. <input type="checkbox"/> Hardship Exemption	1.c. <input type="checkbox"/> Amended Report
2. Contact information for person filing: Organization <u>East Coast Labor Relations</u> Street <u>515 S. Gull Lake Dr</u> City <u>Richmond</u> State <u>Mi</u> ZIP Code <u>49083</u> Email Address <u>Joebrook@comcast.net</u> Employer Identification Number (EIN) <u>26-0523247</u> Contact Name <u>Joseph Black</u> Title <u>President</u>		3. Other address where records necessary to verify this report are kept: Name _____ Title _____ Organization _____ Street _____ City _____ State _____ ZIP Code _____ Email Address _____	
4. Fiscal Year Covered: from _____ through _____ (mm/dd/yyyy) (mm/dd/yyyy)		5. Type of person a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other	
6. Full name and address of employer with whom agreement or arrangement was made: <input type="checkbox"/> Check this box if you are filing a report for a union avoidance seminar. Organization (including trade name, if any) <u>LABORATORY CAP</u> Street <u>531 S. Spring St</u> City <u>Burlington</u> State <u>NC</u> ZIP Code <u>27215</u> Email Address _____ Employer Identification Number (EIN) _____ Contact Name _____ Title _____		7. Date agreement or arrangement entered into: <u>06/11/2018</u> mm/dd/yyyy 8. Person(s) through whom agreement or arrangement made: (a) Employer Representative: Name and Title <u>Reliant Labor - Consultants</u> OR (b) Prime Consultant: _____ Name and Title _____ Employer Identification Number (EIN) _____ Address _____	

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 VII on penalties in the instructions.)

13. Signed [Signature]
President (If other title, see instructions.)

14. Signed _____
Treasurer (If other title, see instructions.)

On 02/10/2019 215-840-2088
Date (mm/dd/yyyy) Telephone Number

On _____
Date (mm/dd/yyyy) Telephone Number

Name of person filing:

JOSEPH BROOK

File Number: C-

9. Check the appropriate box(es) 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 by clicking the "Add Attachments" link at the top of the form. If reporting a union avoidance seminar, a single copy of the registration form and a description of the seminar provided to attendees also must be attached by clicking the "Add Attachments" link at the top of the form.)

3,000 per day plus expenses

11. Information regarding activities performed or to be performed by the labor relations consultant pursuant to agreement or arrangement. (See instructions.)

a. Nature of activities performed or to be performed by the labor relations consultant pursuant to the agreement or arrangement:

PERSUADER ACTIVITIES: Select from the following reportable activities those which, per agreement with the employer(s) named in item 6, have been or will be performed:

☒ Drafting, revising, or providing written materials for presentation, dissemination, or distribution to employees

☒ Drafting, revising, or providing a speech for presentation to employees

☐ Drafting, revising, or providing audiovisual or multi-media presentations for presentation, dissemination, or distribution to employees

☐ Drafting, revising, or providing website content for employees

☐ Planning or conducting individual employee meetings

☐ Planning or conducting group employee meetings

☐ Training supervisors or employer representatives to conduct individual or group employee meetings

☐ Coordinating or directing the activities of supervisors or employer representatives

☐ Establishing or facilitating employee committees

☐ Developing employer personnel policies or practices

☐ Identifying employees for disciplinary action, reward, or other targeting

☐ Conducting a seminar for supervisors or employer representatives

☐ Speaking with or otherwise communicating directly with employees.

☐ Other

INFORMATION-SUPPLYING ACTIVITIES:

Select each activity whereby you supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer:

☐ Supplying information obtained from:

☐ Research or investigation concerning employees or labor organizations

☐ Supervisors or employer representatives

☐ Employees, employee representatives, or union meetings

☐ Surveillance of employees or union representatives (electronically or in person)

☐ Other

ADDITIONAL INFORMATION:

11.b. Period during which activities performed: 06/11/2018 - various
mm/dd/yyyy - mm/dd/yyyy

11.c. Extent of performance:

Fully performed

11.d. Name and address of person(s) through whom activities were performed or will be performed:

Name and Title

Joseph Brook

Type of Person:

- ☒ Employee of Consultant
☐ Independent Contractor

Organization

Reliant Labor Consultants

Street

10108 Fehlborg Ct

City

St. John

State

IA

ZIP Code

46373

Email Address

Joe@LABORconsultants.on6

Employer Identification Number (EIN)

12.a. Identify subject groups of employees:

various employees

12.b. Identify subject labor organizations:

UFCW