

FORM LM-20 AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

662786

1. File Number: C- 683

Person Filing

2. Name and mailing address (include ZIP Code):

Name Joseph Brock
Title President
Organization East Coast Labor RELations, LLC
P.O. Box, Bldg., Room No., if any _____
Street 515 S. Gull Lake Dr
City Richland
State Michigan ☒ ZIP Code + 4 49083

3. Any other address where records necessary to verify this report are kept:

Name _____
Title _____
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

4. Date fiscal year ends:

 /

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Dom Myrand
Organization ITS ConGlobal
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 825 S. Cass Ave, Suite 115
City Darian
State Illinois ☒ ZIP Code + 4 60561

7. Date entered into:

11 / 8 /

8. Name of person(s) through whom made:

Name _____
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 VII on penalties in the instructions.)

13. Signed

[Signature]
Title President

President
(If other title, see
instructions)

14. Signed

[Signature]
Title Treasurer

Treasurer
(If other title, see
instructions)

On

2/15/18

Date

215-840-2088

Telephone Number

On

Date

Telephone Number

Filer: Joseph Brock East Coast Labor Relations, LLC

File Number C-

683

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.):

2,000 per day 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 educate employees regarding their rights to organize and collectively bargain under the NLRA

11.b. Period during which performed:

various days until 11/30

11.c. Extent performed:

fully performed

11.d. Name and address through whom performed:

Name Russell Brown

Organization roadWarrior Pro, LLC

P.O. Box, Bldg., Room No., if any

Street PO Box 372636

City Satellite Beach

State Florida ZIP Code + 4 32937

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Tech operators

12.b. Identify subject labor organizations:

Teamsters union