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

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 07-31-2019



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)

1. File Number: C. 68057 Person Filing 2. Name and mailing address (include ZIP Code): Name Katherine G Lev Title President Organization Lev Labor, LLC Organization Lev Labor, LLC P.O. Box, Bidg., Room No., if any Sireet 21 Pleasant Street City Hudson State Massachusetts ZIP Code + 4 0.1749 State State Massachusetts ZIP Code + 4 0.1749 State Corporation of Market State State Massachusetts Dec / 31 A individual b Partnership C Corporation of Corporation of Corporation of Corporation of Market State Massachusetts Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Chris Latil Organization Corporation of Market State Massachusetts Dec / 31 Autil State Massachusetts Dec / 31 Autil State Massachusetts Dec / 31 Autil State Massachusetts Dec / 31 Autil State Massachusetts Dec / 31 Autil State Massachusetts Dec / 31 Autil State Massachusetts Dec / 31 Autil State Massachusetts Dec / 31 Autil State Massachusetts Dec / 31 Autil State Massachusetts Dec / 31 Autil State Massachusetts Dec / 32 / 2019 Se. Name of person(s) through whom made: Name Name Name Name Name Name Name Name	CLMS DE DE	READ THE INSTRUCTIONS CAREF	ULLY BEFORE PREPARING T	HIS REPORT. 711710		
2. Name and mailing address (include ZIP Code): Name Katherine G Lev Title President Organization Lev Labor, LLC P.O. Box, Bldg., Room No., if any Street 21 Pleasant Street City Hudson State Massachusetts ZIP Code + 4 01749 State Sachusetts ZIP Code + 4 01749 State (City Hudson) State Massachusetts ZIP Code + 4 01749 State (City Hudson) State Massachusetts ZIP Code + 4 01749 State (City Hudson) State Massachusetts ZIP Code + 4 01749 State (City Hudson) State Massachusetts ZIP Code + 4 01749 State (City Hudson) State Massachusetts ZIP Code + 4 01749 State (City Hudson) State Massachusetts ZIP Code + 4 01749 State (City Hudson) State Massachusetts ZIP Code + 4 01749 State (City Hudson) State (City Hudson) State (City Hudson) Name Chris Latii Organization Golden Nugget Trade Name, if any Street State Mersa Brown Name State Newada ZIP Code + 4 89101 Signatures Signatures Signatures Signatures Signatures Title President (Include Signatory and object penalties of law, that all of the information submitted in this report (including three penalties) in the instructions) Title President (Include Signatory and is, to the best of the undersigned Sknowledge and Deleif, Including Signatures Title President (Include Signature) Title Treasurer If Signature Title Treasurer I	1. File Number: C- 68057					
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Name Katherine G Lev		ZIP Code):	3. Any other address where	records necessary to verify this report are kept		
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	Amended on 10/28/19					
Date Telephone Number Date Telephone Number	On 06/30/2019 6	17-686-5775	On			
	Date	Telephone Number	Date	Telephone Number		

Filer: Katherine Lev Lev Labor, LLC	File Number C- 68057				
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:					
educate rather than persuade educate 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.):				
Verbal. No written agreement. Ongoing as needed. Daily rate.					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruct	ions):				
a. Nature of activity:					
To educate employees regarding their rights under the NLRA. To ensure that accurate information is provided to employees. To respond to questions employees have about unions and provide an opportunity for open dialog about the pros and cons of unionization.					
11.b. Period during which performed: Beginning 07/01/2019	11.c. Extent performed: Ongoing as needed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Russ Brown	Name N/A				
Organization Road Warrior Productions	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 1875 K St NW	Street				
City Washington	City				
State District of Columbia ZIP Code + 4 20006	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Casino table game dealers (not poker).	WAU				