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

FORM LM-21 722806 RECEIPTS AND DISBURSEMENTS REPORT

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

Month/Day/Year

(mm/dd/yyyy)

. 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- 68057

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

By This Report

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

	From: [101] / [2019] Inrough: [12] / [31] / [2019]		
A. Person Filing			
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:		
Name Katherine G Lev	Name N/A		
Title President	Title		
Organization Lev Labor, LLC	Organization		
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any		
Street 21 Pleasant Street	Street		
City Hudson	City		
State Massachusetts ZIP Code + 4 01749	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 Katherine Glendon Lev President (if other title, see	18. Signed Treasurer (If other title, see		
Title President instructions)	Title (instructions)		
On 03,/18,/12020 617-686-5775	On // / / / / / / / / / / / / / / / / /		
Date Telephone Number	Date Telephone Number		
			

Name of Person Filing: Katherine Lev	File Number C- 68057	
B. Statement of Receipts Report all receipts from employers in connection with or services.	h labor relations advice or services regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Employer B & C left blank per attached OLMS memo	P.O. Box, Building and Room Number, if any	The state of the s
Trade Name	Street	
Attention To	City	
	And the second s	Freeze allen and an annual parties
Title	State ZIP Code	+4
5.b. Termination Date	5.c. Amount 0	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0		
C Chalamant of Dishumanista.		
C. Statement of Disbursements Report all disbursements made by the rep to the employers listed in Part B.	orting organization in connection with labor relations advice	or services rendered
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Totals	
(a) Name (b) Salary (c) Expenses (d)	Office and Administrative Expenses	0
	10. Publicity	0
	11. Fees for Professional Services	#
	12. Loans Made	Ö
	13. Other Disbursements	
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)	0
	ale to report only disbursements made for the purposes design	cribed in Part D of the
instructions. 15.a. Employer Name:	15.b. Trade Name, If any:	
Walgreens	10.0. Hade Name, if any.	. 1
. If the deplacement is an experience of the control of the contro		
15.c. To Whom Paid	15.d. Amount 19017	· · · · · · · · · · · · · · · · · · ·
Name Steve Loeffler	15.e. Purpose	
Title	Engaged to educate employees regardi	ng labor law
Organization Loeffler, Labor		
P.O. Box, Building and Room Number, if any		
Street		
Street 623 Beauhaven Läne		
City Waxhaw		
State North Carolina ZIP Code + 4 28173		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		

Form LM-21 (2003)

Name of Person Filing: File Number C- 00525 LRI Consulting Services, Inc. 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: Meyer Utility Structures (Arcosa) 15.c. To Whom Paid 15.d. Amount 3,381 Katie Name Lev 15.e. Purpose Title President Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization Lev Labor LLC collectively. P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State MA ZIP Code +4 01749

United States Department of Labor Office of Labor-Management Standards Office of Labor-Management Standards (OLMS)

Form LM-21 Special Enforcement Policy

Special enforcement policy for certain Form LM-21 requirements

Filers of Form LM-20 who must also file a Form LM-21 will not be required to complete two parts of the LM-21. Specifically, OLMS will not take enforcement action based upon a failure to complete the following Parts of Form LM-21:

- Part B (Statement of Receipts), which ordinarily requires the filer to report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services, and/or
- Part C (Statement of Disbursements), which ordinarily requires the filer to report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

Form LM-21 must be signed by the president and treasurer of the consultant to certify the accuracy and completeness of the information provided. So long as this special enforcement policy is in place, a Form LM-21 that omits the information requested by Parts B and C will be deemed complete.

In addition, Section 206 of the LMRDA requires all individuals who must file reports such as Form LM-21 to maintain applicable records such as "vouchers, worksheets, receipts, and applicable resolutions" for a period of at least five years after such reports have been filed. 29 U.S.C. § 436. While this special enforcement policy is in effect, consultants need not maintain records solely relating to Part B and Part C.

This special enforcement policy is effective immediately. It will remain in effect until further notice, which will be provided no less than 90 days prior to any change.

Posted: 4-13-16 (Updated: 7-18-18)