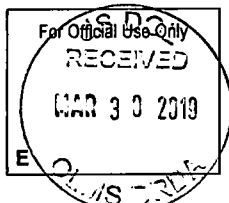


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

700960

1. File Number C- 68057	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2018	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Katherine G Lev Title President Organization Lev Labor, LLC P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State Massachusetts ZIP Code + 4 01749	4. Any other address where records necessary to verify this report are kept: Name N/A Title Organization P.O. Box, Building and Room Number, if any Street City 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 <u>Katherine Glendon Lev</u> Title President On <u>03 / 22 / 2019</u> <u>617-686-5775</u> Date Telephone Number	18. Signed _____ Title _____ On <u>/ /</u> _____ Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Katherine Lev	File Number C- 68057
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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:
Employer B & C left blank per attached OLMS memo	P.O. Box, Building and Room Number, if any
Trade Name	Street
Attention To	City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount 0
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.				
7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses 0
				10. Publicity 0
				11. Fees for Professional Services 0
				12. Loans Made 0
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) 0

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: Historic Tours, DBA Old Town Trolley	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Steve Loeffler Title Organization Loeffler Labor P.O. Box, Building and Room Number, if any Street 623 Beauhaven Lane City Waxhaw State North Carolina ZIP Code + 4 28173	15.d. Amount 19,348 15.e. Purpose Engaged to educate employees regarding labor law and unions.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		

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)

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525
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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.
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15.a. Employer Name: Annapolis Noland Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Katie Lev Title President Organization Lev Labor LLC P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State MA ZIP Code +4 01749	15.d. Amount 2,364 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CBRE	15.b. Trade Name, if any:
15.c. To Whom Paid Name Katie Lev Title President Organization Lev Labor LLC P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State MA ZIP Code +4 01749	15.d. Amount 10,464 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: CenterPoint Energy Service Company, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Katie Lev Title President Organization Lev Labor LLC P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State MA ZIP Code +4 01749	15.d. Amount 13,505 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525
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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.
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15.a. Employer Name: Fuyao Glass America Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Katie Lev Title President Organization Lev Labor LLC P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State MA ZIP Code +4 01749	15.d. Amount 6,957 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Greenwich Woods Rehabilitation LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Katie Lev Title President Organization Lev Labor LLC P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State MA ZIP Code +4 01749	15.d. Amount 14,002 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.