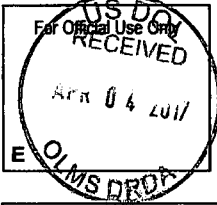


# FORM LM-21

## 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

646148

1. File Number C- <input type="text"/>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
67565	From:	01/01/2016		12/31/2016

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name     
Title   
Organization   
P.O. Box, Building and Room Number, if any   
Street   
City   
State  ZIP Code + 4

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

Name   
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	18. Signed <input type="text" value="N/A"/>
Title <input type="text" value="President"/>	Title <input type="text" value="Treasurer"/>
On <input type="text" value="03/20/2017"/>	On <input type="text"/>
Date	Date
Telephone Number <input type="text" value="617-686-5775"/>	Telephone Number <input type="text"/>



Name of Person Filing: Katherine Lev	File Number C-
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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	LRI Consulting Services, Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	7850 South Elm Place, Suite E
Attention To:	Phil <input type="checkbox"/> Wilson <input type="checkbox"/>	City	Broken Arrow
Title	President	State	Oklahoma
		ZIP Code + 4	74011
5.b. Termination Date		5.c. Amount 33,597 <i>See attached</i>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

# Detail for receipts from LRI Consulting

Name of Person Filing: <u>LRI Consulting Services, Inc.</u>	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.

15.a. Employer Name: Fuyao Glass America Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Katie Lev Title Organization ERL Consulting P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State MA ZIP Code +4 01749	15.d. Amount 28,041 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Portfolio Media Inc. D/B/A Law360	15.b. Trade Name, if any:
15.c. To Whom Paid Name Katie Lev Title Organization ERL Consulting P.O. Box, Building and Room Number, if any Street 21 Pleasant Street City Hudson State MA ZIP Code +4 01749	15.d. Amount 5,556 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

This is detail from the form LM21 submitted by LRI consulting services. This detail disbursements made to ERL Consulting.

Thank you!

Katie Lev