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

FORM LM-21 RECEIPTS AND DISBURSEMENTS 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, firres, 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)

Required of persons, including Labor Relations Consumants and Other Individuals and Organizations, United	r section 203(b) or the Labor-Management Relations and Disclosure ACI of 1999, as amended. (LMRDA)
RECEIVED ACR 0 4 201/ E S DECE	LLY BEFORE PREPARING THIS REPORT
1 . File Number C- 67565	2. Period Covered By This Report From: O1/01/2016 Through: Month/Day/Year (mm/dd/yyy) O1/01/2016 Through: 12/31/2016
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 ERL Consulting, LLC	Organization
P.O. Box, Building and Room Number, if any Street 21 Pleasant Street	P.O. Box, Building and Room Number, if any Street
City Hudson	City
State Massachusetts ZIP Code + 4 01749	State ZIP Code + 4
Signa	itures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section en penalties in the instructions).	
17. Signed President (if other title, see instructions)	18. Signed
On 03 / 20 / 2017 617-686-5775 Date Telephone Number	On Date Telephone Number

Name of Person Filin	e of Person Filing: Katherine Lev					File Number C-				
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).				P.O. B	Mailing Address: P.O. Box, Building and Room Number, if any					
Employer Institute of Culinary Education										
Trade Name			Street	Street 225 Liberty Street						
Attention To Matt Petersen			City	City New York						
Title CFO and COO					State	New York	ZIP Code	≥ + 4	10281	
5.b. Termination Da	ate		-	1	5.c. An	ount 17,761				
6. TOTAL RECEIPT	S	FROM ALL EMPLOYERS	51.358	-						
				<u>.</u>	•					
0.01-11-60:	_									
C. Statement of Dis	SEDI		sbursements i yers listed in l		eporting org	anization in connecti	on with labor relations advic	ж ог:	services rendered	
7. Disbursements to 0 (a) Name	Mi	cers and Employees:	(b) Salary	(c) Expenses ((d) Totals				,	
N/A		Sole Proprietor	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,, =, =, =, =, =, =, =, =, =, =, =, =, =	1	9. Office and	Administrative Expenses	Т	0	
	=				1	10. Publicity		+	0	
	=					11. Fees for P	rofessional Services	+	0	
						12. Loans Mad	e	\top	0	
						13. Other Disb	ursements	\top		
8. Total disbursements to officers and employees:			-	14. Total Disbursements (Sum of Items 8-13)			0			
D. Schedule of Dis	bu	rsements for Reportable		Use this Sche	edule to repo	rt only disbursement	s made for the purposes de	scrib	ed in Part D of the	
instructions.							· · · · · · · · · · · · · · · · · · ·			
15.a. Employer Name:			15.0. 1	15.b. Trade Name, If any:						
None					N/A					
15.c. To Whom Paid 15.d. Amount 0										
Name N/A				15.e. P	15.e. Purpose					
Title	Title				N/A					
Organization								İ		
P.O. Box, Buildin	P.O. Box, Building and Room Number, if any									
				ll l						
Street										
City	_									
State ZIP Code + 4					· · · · · · · · · · · · · · · · · · ·		<u> </u>			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0										

Name of Person Fi	Name of Person Filing: Katherine Lev					File Number C-		
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the								
5.a. Name and Add	advice or services. 5.a. Name and Address of Employer (including trade name, if any). Mailing Address:							
<u> </u>	P.O. Box, Bldg., Room No., if any Employer LRI Consulting Services, Inc.							
	1 Consulting Ser	vices, inc.	1		2050 2			
Trade Name		` 	<u></u>			Elm Place, S	T T	
	Phil	Wilson			Broken Arro	>₩	ZID Codo + 4	
Title	President			State	Oklahoma		ZIP Code + 4 74011	
5.b. Termination Da	ate			5.c. Amo	unt 33,597	See	atteched	
5.a. Name and Add	ress of Employer (includ	ing trade name, if any).		P.O. Bo	Mailing Addres			
Employer								
Trade Name]	Street				
Attention To:			_	City				
Title				State			ZIP Code + 4	
5.b. Termination D	ate			5.c. Amo	ount		,	
5.a. Name and Add	tress of Employer (includ	ling trade name, if any).	··· ··· <u>-··· -</u>		Mailing Addres	SS:		
<u></u>				P.O. Bo	ox. Bldg., Room N	lo, if any		
Employer			,					
Trade Name			<u></u>	Street				
Attention To:	<u> </u>			City				
Title				State			ZIP Code + 4	
5.b. Termination D	ate			5.c. Amo	unt			
5.a. Name and Add	lress of Employer (includ	ing trade name, if any).		P O B/	Mailing Addres		·	
Employer					, <u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Trade Name				Street				
Attention To:			<u>-</u>	City			1 ,	
Title		<u> </u>		State			ZIP Code + 4	
1 				T			<u> </u>	
5.b. Termination Date 5.c. Amount								
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any								
Employer								
Trade Name				Street				
Attention To:				City				
Title				State			ZIP Code + 4	
5.b. Termination D	ate			5.c. Amo	ount			
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any								
Employer								
Trade Name]	Street				
Attention To:				City]	
Title				State			ZIP Code + 4	
5.b. Termination D	ate			5.c. Amo	ount			

Detail for receipts from LRI Consulting

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

5.a. Employer Name:	15.b. Trade Name, if any:
Fuyao Glass America Inc	
5.c. To Whom Paid	15.d. Amount 28,041
Name Katie Lev	15.e. Purpose
Title	Engaged to communicate to employees regarding
Organization ERL Consulting	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 21 Pleasant Street	
City Hudson	
State MA ZIP Code + 4 013	49

15.a Employer Name: Portfolio Media Ind	c. D/B/A Law360	15.b. Trade Name, if any:				
15.c. To Whom Paid		15.d. Amount 5,556				
Name Katie	Lev	15.e. Purpose				
Title		Engaged to communicate to employees regarding exercising their rights to organize and bargain				
Organization ERL Consult:	ing	collectively.				
P.O. Box, Building and Room Nu	umber, if any					
Street 21 Pleasant Stre	eet					
City Hudson	•					
State MA	ZIP Code + 4 01749					
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This is detail from the form LMZ1 submitted by LRI consulting sorvices. This detail disbursaments made to ERL Consultine

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Form LM-21 (2003)

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