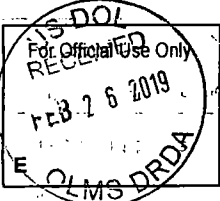


# FORM LM-20

## AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

690197

1. File Number: C- 68086

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):	
Name Steven J Loeffler	3. Any other address where records necessary to verify this report are kept:
Title	Name N/A
Organization	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 623 Beauhaven Lane	P.O. Box, Bldg., Room No., if any
City Waxhaw	Street
State North Carolina	City
ZIP Code + 4 28173	State
4. Date fiscal year ends: Dec / 19	ZIP Code + 4
5. Type of person:	
a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):	

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Katherine Lev	7. Date entered into: 1 / 28 / 2019
Organization Lev Labor, LLC	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 21 Pleasant Street	Name
City Hudson	Name
State Massachusetts	Name
ZIP Code + 4 01749	

### 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 Section VII on penalties in the instructions.)

13. Signed [Signature] President  
(If other title, see instructions)  
Title Other (Specify)  
Individual Contractor

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Treasurer

On 02/19/2019 614-273-5693  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- 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. 1500/Day plus reasonable expenses.

#### Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To educate, rather than to persuade, employees regarding their rights under the NLRA.

11.b. Period during which performed:

01/28/2019 to 02/11/2019

11.c. Extent performed:

Fully

11.d. Name and address through whom performed:

Name Katie Lev

Organization Lev Labor, LLC

P.O. Box, Bldg., Room No., if any

Street 21 Pleasant Street

City Hudson, MA 01749

State Massachusetts ZIP Code + 4 01749

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Walgreens Distribution Center, Jupiter FL  
Warehouse and Maintenance Workers

See Case 12-RC-234465

12.b. Identify subject labor organizations:

International Association of Machinists and  
Aerospace Workers