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. 88-257, 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)

RECEIVED APR 1 7 2018 Letter the number color of the structions careful the struction careful the	2. Period Covered By This Report Covered From: 01/01/2017 Through: 12/31/2017
A. Person Filing	
3. Name and mailing address (include ZIP Code):	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 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	tures
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 on penalties in the instructions).	es of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed Treasurer Title Treasurer (If other title, see instructions)
On 03 / 20 / 2018 617-686-5775 Date Telephone Number	On

Name of Person Filir	ng:	Katherine Lev						File Number C-	6886	25	7
B. Statement of Re	ce	ipts Report all receipts from or services.	n employers ir	n connection	n with	labor relatio	ns advice or servi	ices regardless of	the purpose	s of th	ne advice
5.a. Name and Addres	ss c	f Employer (including trade na	ame, if any).				Mailing Address: Building and Room	Number if any			
Employer LR	Ε (Consulting Service	s, Inc.				dilding and 100m	Triumber, ir arry			
Trade Name						Street 7	850 South E	lm Place, Su	ite E		
Attention To	h:	l Wi	ilson			City B	roken Arrow				
Title [re	esident				State O	klahoma		ZIP Code +	4 74	4011
5.b. Termination Da		n/a (add'l data				E o Amous	1116 605	- 1			
						5.C. Amour	116,685				
6. TOTAL RECEIPT	SI	FROM ALL EMPLOYERS	116,685						*		
			•								
C. Statement of Di	sbı		isbursements o		е геро	rting organiz	ation in connection	on with labor relation	ons advice o	or serv	vices rendered
7. Disbursements to (Offic	·	yers listed in i	Part B.							
(a) Name		and and amployood.	(b) Salary	(c) Expense	s (d) T	otals					
N/A		Sole Proprietor			1		9. Office and A	Administrative Expe	enses		0
					4		10. Publicity				0
	╝				4		11. Fees for Pr	ofessional Service	s		0
	Ц				4		12. Loans Made				0
	_	<u> </u>	L	<u> </u>	╝		13. Other Disbu	····			
8. Total disburseme	nts	to officers and employees	:				14. Total Disbur	sements (Sum of Ite	ms 8-13)		0
,											
D. Schedule of Dis	bu	rsements for Reportable	Activity	Use this So		e to report o	nly disbursements	s made for the pur	poses desc	ribed i	n Part D of the
15.a. Employer Nar	ne					15.b. Trad	e Name, If any:				 ,
None					7	N/	'A			٦	
15.c. To Whom Paid						15.d. Amos	unt [0				
Name N/											
	_				1	15.e. Purp	ose				·
Title					J ——	N/A					·
Organization								•			
000 015											
P.O. Box, Buildin	1 9 2	and Room Number, if any									
Street				_							·
City	=										
State	-		IP Code + 4	•							
	20	EMENTS FOR ALL REPOR		VITY o		1		,			
10. 10 IAL DISBUI	13	INITIALIS FOR ALL REPOR	VIABLE ACTI	WIII ()				•			+

Form LM-21 (2003)

Name of Person Filing: LRI Consulting Services, Inc. File Number C- 0082568057

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employ BWAY	yerName: Corporation	15.b. Trade Name, if any:
15.c. To Wh	om Paid	15.d. Amount 36, 670
Name	Katie Lev	15.e. Purpose
Title Organizati	President . on Lev Labor LLC	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box,	Building and Room Number, if any	
Street 2	1 Pleasant Street	
City H	udson	
State M	A ZIP Code + 4 017	49

15.a. Employer Name:	······································	15.b. Trade Name, if any:
Cunningham Child	dren's Home	
15.c. To Whom Paid		15.d. Amount 9,784
Name Katie	Lev	15.e. Purpose
Title Presiden	t	Engaged to communicate to employees regarding exercising their rights to organize and bargain
Organization Lev Labo	r LLC	collectively.
P.O. Box, Building and Roo	m Number, if any	
Street 21 Pleasant S	Street	·
City Hudson		
State MA	ZIP Code + 4 01749	
•		1

15.a. Employer Name:		15.b. Trade Name, if any:
Danbu	ry Winair Co.	
15.c. To Whor	n Paid	15.d. Amount 867
Name	Katie 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, B	uilding and Room Number, if any	
Street 21	Pleasant Street	•
City Hud	ison	
State MA	ZIP Code + 4	+4 01749

Form LM-21 (2003)

Name of Person Filing: LRI Consulting Services, Inc. File Number C- 9082568657

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.EmployerName: Fuyao Glass America Inc	15.b. Trade Name, if any:	
15.c. To Whom Paid	15.d. Amount 6, 774	
Name Katie Lev	15.e. Purpose	
Title President Organization Lev Labor LLC	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any	. Collectively.	
Street 21 Pleasant Street	·	
City Hudson		
State MA ZIP Code	e+4 01749	

15.c. To Whom Paid Name Katie Lev	15.d. Amount 867 15.e. Purpose Engaged to communicate to employees regarding
	Engaged to communicate to employees regarding
Title President	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	

15.a. Employer N	Name: n Windustrial Co.	15.b. Trade Name, if any:
15.c. To Whom F		15.d. Amount 839
Name	Katie Lev	15.e. Purpose
	President Lev Labor LLC	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Build	ding and Room Number, if any	·
Street 21 P	leasant Street	
·City Huds	on	
State MA	ZIP Code + 4	01749

Name of Person Filing: LRI Consulting Services, Inc. File Number C- 00525 68657

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: Portfolio Media Inc. D/B/A Law360 15.c. To Whom Paid 15.d. Amount 18,000 Name Katie Lev 15.e. Purpose President Title 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

ZIP Code + 4 01749

15.a. Employer Name:		15.b. Trade Name, if any:
Portland Winair Co	0.	
15.c. To Whom Paid		15.d. Amount 839
Name Katie	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 I	Number, if any	·
Street 21 Pleasant Str	reet	
City Hudson		
State MA	ZIP Code + 4 01749	
		f

15.a. Employe		15.b. Trade Name, if any:	
Securi	ty Plumbing & Heating Supply Co	,	
15.c. To Whor	n Paid	15.d. Amount 1,747	
Name	Katie Lev	15.e. Purpose	ᅦ
Title	President .	Engaged to communicate to employees regarding exercising their rights to organize and bargain	
Organization	Lev Labor LLC	collectively.	
P.O. Box, B	uilding and Room Number, if any		
Street 21	Pleasant Street		
City Huc	ison		- 1
State MA	ZIP Code + 4	01749	

State MA

Name of Person Filing: LRI Consulting Services, Inc. File Number C 00525 68057

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of tinstructions.			
15.a. Employer Name: Shelton Winair Co.	15.b. Trade Name, if any:		
15.c. To Whom Paid	15.d. Amount 858		
Name Katie Lev	15.e. Purpose		
Title President Organization Lev Labor LLC	Engaged to communicate to employees regarding 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 01749		

15.a. Employer Name: The Nielsen Company (US), LLC 15.c. To Whom Paid		15.b. Trade Name, if any: 15.d. Amount 29, 485
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 Roor	n Number, if any	
Street 21 Pleasant S	treet	
City Hudson		
, State MA	ZIP Code + 4 01749	

15.a. Employer Name: The Nielsen Company (US), LLC		15.b. Trade Name, if any:
15.c. To Whom	Paid	15.d. Amount 5, 826
Name	Katie Lev	15.e. Purpose
Title	President Lev Labor LLC	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any		
Street 21	Pleasant Street	
City Hud	son	
State MA	ZIP Code + 4 01749	

Windsor Winair Co.		15.b. Trade Name, if any:	
15.c. To Whom Paid		15.d. Amount 833	
Name Katie	Lev	15.e. Purpose	
Title Presiden	t	Engaged to communicate to employees regarding	
Organization Lev Labo	or LLC	exercising their rights to organize and bargain collectively.	
P.O. Box, Building and Roo	om Number, if any		
Street 21 Pleasant	Street		
City Hudson			
State MA	ZIP Code + 4 01749		

15.a. Employer Name: Winsupply Bloomfield CT Co.	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 833
Name Katie 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	

15.a. Employer Name: Winsupply Shelton CT Co.			15.b. Trade Name, if any:	
16.o. To Who	m Paid		15.d. Amount 858	
Name	Katie	Lev	15.e. Purpose	
Title Organizatio	President .		Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
P.O. Box, E	Building and Room Number, if a	ny		
Street 21	Pleasant Street			
City Hu	dson			
State MA		ZIP Code + 4 01749		
<u> </u>		···		

File Number C- 00525 6865 7

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: WSS Middletown RDC	15.b. Trade Name, if any:	
15.c. To Whom Paid	15.d. Amount 1, 605	
Name Katie Lev	15.e. Purpose	
Title · President	Engaged to communicate to employees regarding	
Organization Lev Labor LLC	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	01749	