

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, 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

675384

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| 1. File Number C- <input type="text" value="68057"/> | 2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2017"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/> |
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| A. Person Filing | |
| 3. Name and mailing address (include ZIP Code): | |
| Name <input type="text" value="Katherine"/> <input type="text" value="G"/> <input type="text" value="Lev"/> | 4. Any other address where records necessary to verify this report are kept: |
| Title <input type="text" value="President"/> | Name <input type="text" value="N/A"/> |
| Organization <input type="text" value="Lev Labor, LLC"/> | Title <input type="text"/> |
| P.O. Box, Building and Room Number, if any <input type="text"/> | Organization <input type="text"/> |
| Street <input type="text" value="21 Pleasant Street"/> | P.O. Box, Building and Room Number, if any <input type="text"/> |
| City <input type="text" value="Hudson"/> | Street <input type="text"/> |
| State <input type="text" value="Massachusetts"/> ZIP Code + 4 <input type="text" value="01749"/> | City <input type="text"/> |
| | State <input type="text"/> ZIP Code + 4 <input type="text"/> |

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).

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| 17. Signed | 18. Signed |
| Title <input type="text" value="President"/> (if other title, see instructions) | Title <input type="text" value="Treasurer"/> (if other title, see instructions) |
| On <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2018"/> <input type="text" value="617-686-5775"/> | On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> |
| Date Telephone Number | Date Telephone Number |

| | |
|--------------------------------------|-----------------------|
| Name of Person Filing: Katherine Lev | File Number C- 686057 |
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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, Building and Room Number, 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 | |
| n/a (add'l data atthd) | | 116,685 | |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 116,685 | | | |

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| 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 | | |
| N/A <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> | | | | 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 |

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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: | | 15.b. Trade Name, If any: | |
| None | | N/A | |
| 15.c. To Whom Paid | | 15.d. Amount | |
| Name | N/A <input type="checkbox"/> | 0 | |
| Title | | 15.e. Purpose | |
| Organization | | N/A | |
| P.O. Box, Building and Room Number, if any | | | |
| Street | | | |
| City | | | |
| State | | ZIP Code + 4 | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0 | | | |

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| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 0052568057 |
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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: BWAY Corporation | 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 36,670 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| 15.a. Employer Name: Cunningham Children's Home | 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 9,784 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| 15.a. Employer Name: Danbury Winair 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 867 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 68057 |
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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 6,774 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| 15.a. Employer Name: New Haven Windustrial Supply 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 867 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| 15.a. Employer Name: Northern Windustrial 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 839 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 68657 |
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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: Portfolio Media Inc. D/B/A Law360 | 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 18,000 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| 15.a. Employer Name: Portland Winair 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 839 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| 15.a. Employer Name: Security Plumbing & Heating Supply 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 1,747 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 68057 |
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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: Shelton Winair 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 858 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| 15.a. Employer Name: The Nielsen Company (US), 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 29,485 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| 15.a. Employer Name: The Nielsen Company (US), 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 5,826 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |

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| 15.a. Employer Name: Windsor Winair Co. | | 15.b. Trade Name, if any: 68057 | |
| 15.c. To Whom Paid | | 15.d. Amount 833 | |
| Name | Katie Lev | 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. | |
| 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 |

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| 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 Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. | |
| 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 |

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|--|--------------------|--|-------|
| 15.a. Employer Name: Winsupply Shelton CT Co. | | 15.b. Trade Name, if any: | |
| 15.c. To Whom Paid | | 15.d. Amount 858 | |
| Name | Katie Lev | 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. | |
| 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 |

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| Name of Person Filing: LRI Consulting Services, Inc. | File Number C- 00525 68067 |
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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: WSS Middletown RDC | 15.b. Trade Name, if any: | | | | | | | | | | | | | | | | | | | | | |
| 15.c. To Whom Paid <table><tr><td>Name</td><td>Katie</td><td>Lev</td></tr><tr><td>Title</td><td>President</td><td></td></tr><tr><td>Organization</td><td>Lev Labor LLC</td><td></td></tr><tr><td colspan="3">P.O. Box, Building and Room Number, if any</td></tr><tr><td colspan="3">Street 21 Pleasant Street</td></tr><tr><td>City</td><td>Hudson</td><td></td></tr><tr><td>State</td><td>MA</td><td>ZIP Code + 4 01749</td></tr></table> | 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 1,605 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. |
| 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 | | | | | | | | | | | | | | | | | | | | |