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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013



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)

6869112 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: C- 67565 **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Katie Lev Name Title Title President Organization Lev Labor LLC Organization P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 21 Pleasant Street Street City Hudson City State MA ZIP Code + 4 01749 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Corporation d. X Other (Specify): LLC Dec 31 Individual b. Partnership **Nature of Agreement or Arrangement** 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 12 2018 Name 8. Name of person(s) through whom made: Organization CenterPoint Energy Service Company, LLC Name Nicholas Wetschka Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street PO Box 137 City Houston Name State TX ZIP Code + 4 77251 Name **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 VIII on penalties in the instructions.)								
13. Signed	_ Satie	Ju-	President (If other title, see	14. Signed			Treasurer (If other title, see	
Title	President		instructions)	Title _.			instructions)	
On	1/7/2019	617-686-5775		On				
	Date	Telephone Number			Date	Telephone Number		
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Figer:- Lev Labor LLC		File Number C- 67565					
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 agreement made through LRI Consulting Services, Inc. \$1,500 per day plus reasonable travel expenses.							
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Specific Activities to be Performed							
11. For each activity, separately list in detail the information required (See instructions):							
a. Nature of activity:							
Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.							
11.b. Period during which performed:	11.c. Extent performed:						
various days beginning10/15/18	Fully Performed						
11.d. Name and address through whom performed:	Additional Name and addres	ss through whom performed, if any:					
Name Phillip B Wilson	Name						
Outside TPT Control of the T							
Organization LRI Consulting Services, Inc.	Organization						
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any						
Street 7850 South Elm Place, Suite E	Street						
City Broken Arrow	City						
State Oklahoma ZIP Code + 4 74011	State	ZIP Code + 4					
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:						
All Service Area Assistants: Distribution Lineman, Transmission Lineman, Cable Splicer, Underground Network Tester, Substation Performance Electrician, Substation Projects Electrician, Shop Services Electrician, Meter Tester and Installer, Meter Tester, Meter Technician, Distribution Controller, Radio Communication Technician, Automotive Vehicle Technician, Automotive Maintenance Mechanic, Material Handler, Warehouseman, Appliance Repairman, Radio Communication Installer, Truck Driver at Centerpoint Energy Houston Electric L.L.C	Electrical Workers						