

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016

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.

541601

1. File Number: C-65779

### Person Filing

#### 2. Name and mailing address (include ZIP Code):

Name Joseph G Lahiff

Title Consultant

Organization JGL Consulting

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

Street 318 Lowell Street

City Lexington

State Massachusetts

ZIP Code + 4 02420

#### 3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

#### 4. Date fiscal year ends:

Dec / 31

#### 5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

### Nature of Agreement or Arrangement

#### 6. Full name and address of employer with whom made (include ZIP Code):

Name William Yetz

Organization NuPath Inc.

Trade Name, if any

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

Street 147 New Boston Street

City Woburn

State Massachusetts

ZIP Code + 4 01801

#### 7. Date entered into:

12 / 23 / 2013

#### 8. Name of person(s) through whom made:

Name Daniel Harrison

Name William Yetz

Name

Name

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 VII on penalties in the instructions.)

13. Signed

*J. G. Lahiff*  
Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 01/23/2014 718-863-1415  
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.):

To provide advice to the management team at NuPath Inc. in regard to collective bargaining and other management-labor relations issues. See attached Business Agreement between Joseph G. Lahiff D.B.A. JGL Consulting and NuPath Inc. of Woburn MA.

#### Specific Activities to be Performed

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

a. Nature of activity:

Consult and advise NuPath Management in regard to collective bargaining.  
 Consult and advise NuPath Management in regard to all management / labor relations issues as requested by management.  
 If possible, assist NuPath Management with forming a partnership with the newly union represented employees of NuPath Inc.

11.b. Period during which performed:

12/23/2013

11.c. Extent performed:

Ongoing until terminated

11.d. Name and address through whom performed:

Name Joseph G Lahiff

Organization JGL Consulting

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

Street 318 Lowell Street

City Lexington

State Massachusetts

ZIP Code + 4 02420

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:

Newly union represented employees of NuPath Inc.

12.b. Identify subject labor organizations:

SEIU 509 - NuPath Employees Representative Union

## Specific Activities to be Performed (Continuation Page)

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

a. Nature of activity:

Accidentally added section. All duties described in the previous section 11 as well as in the Business Agreement attached.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State ZIP Code + 4

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

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

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:

12.b. Identify subject labor organizations: