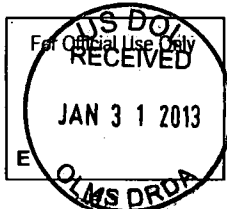


# FORM LM-20

## 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

510 333

1. File Number: C-65112

### Person Filing

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

Name **DAVID S HARRIS**  
Title **PRESIDENT**  
Organization **D.S. HARRIS & ASSOCIATES, LLC.**  
P.O. Box, Bldg., Room No., if any  
Street **8977 WHISPERING PINE CURVE**  
City **SYLVANIA**  
State **OHIO** ZIP Code + 4 **43560**

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

Name **NONE**  
Title  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

4. Date fiscal year ends:

**DEC. 31 / 2013**

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 **THE MAY INSTITUTE**  
Organization **RALPH B. SPERRY**  
Trade Name, if any **THE MAY**  
P.O. Box, Bldg., Room No., if any  
Street **41 PACELLA PARK DRIVE**  
City **RANDOLPH**  
State **MASS** ZIP Code + 4 **02368**

7. Date entered into:

**DEC. 14 / 2012**

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

Name **RALPH B. SPERRY**  
Name **LAUREN SLODAR**  
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 **David S. Harris**  
Title **President**

President  
(If other title, see instructions)

14. Signed \_\_\_\_\_  
Title **Treasurer**

Treasurer  
(If other title, see instructions)

On **1/18/2013** **(419) 377-9724**  
Date Telephone Number

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

DAVID S. HARRIS

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.):

GENERAL INFORMATION PERTAINING TO SEC 7, OF LABOR RELATIONS ACT; HOW TO REMAIN WITHIN THE LAW, HOW TO AVOID MISTAKES IN COMMUNICATING WITH EMPLOYEES REGARDING THEIR RIGHTS UNDER SECTION 7

Specific Activities to be Performed

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

a. Nature of activity:

1. TEACH SUPERVISORS THE IMPORTANCE OF THE ACT.
2. ADVISE CLIENT ON THEIR DUTY TO REMAIN LAWFUL
3. DRAFT COMMUNICATIONS FOR ATTORNEY APPROVAL.

11.b. Period during which performed:

DEC., 2012 - JAN. 2013

11.c. Extent performed:

NEAR COMPLETION.

11.d. Name and address through whom performed:

Name DR. RALPH SPERRY

Organization THE MAY INSTITUTE

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

Street 41 PACELLA PARK DRIVE

City RANDOLPH

State MASS

ZIP Code + 4 02368

Additional Name and address through whom performed, if any:

Name DR. LAUREN SOLOTA

Organization THE MAY INSTITUTE

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

Street 41 PACELLA PARK DRIVE

City RANDOLPH

State MASS

ZIP Code + 4 02368

12.a. Identify subject groups of employees:

SUPERVISORS RESPONSIBLE  
FOR CASE # 1-RC-94644

12.b. Identify subject labor organizations:

S.E.I.U