

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.

534949

1. File Number:

C-774

Person Filing

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

Name Joe Mieluchowski
Title Labor Relations Consultant
Organization _____
P.O. Box, Bldg., Room No., if any _____
Street 47 E Jonathan Court
City Kennett Square
State Pa ZIP Code + 4 19348

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:

12 / 13

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 Shawn Way
Organization Milestone Inc.
Trade Name, if any _____
P.O. Box, Bldg., Room No., if any _____
Street 4060 McFarlane Road
City Rockford
State IL ZIP Code + 4 61111

7. Date entered into:

9 / 24 / 13

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

Name Shawn Way
Name _____
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. Mieluchowski
Title Consultant

President
(If other title, see
instructions)

14. Signed

Treasurer
(If other title, see
instructions)

On

10/25/13
Date

Telephone Number

215 287-1740

On

Date

Telephone Number

Filer:	File Number C-
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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.):

Onsite Campaign management for a daily consulting fee plus expenses

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Persuade employees of Milistone to make an educated decision on voting yes or no to Union representation	
11.b. Period during which performed:	11.c. Extent performed:
	Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name JOE Mieluchowski	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 47 E Jonathan Court	Street
City Kennett Square	City
State Pa ZIP Code + 4 19348	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Adult Group Home	AFSCME