

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. 438 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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

539056

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

4. Date fiscal year ends:

12/31

5. Type of person:

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

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

Nature of Agreement or Arrangement

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

Name Gwen Simpkins

Organization Dependability Company

Trade Name, if any

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

Street 3955 Frankford Ave

City Philadelphia

State Pa ZIP Code + 4 19124

7. Date entered into:

12/9/13

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

Name Gwen Simpkins

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
Consultant

President
(If other title, see
instructions)

14. Signed

Treasurer
(If other title, see
instructions)

Title

On

12/24/13
Date

Telephone Number

215 287-1740

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.):

Onsite Campaign management for a daily Consultant 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 Superdoherty Bus Company to make an educated decision on voting yes or no to union representation.

11.b. Period during which performed:

12/2013 - 12/2013

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Joe Michukowski

Organization

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

Street 47 E. Smithson Court

City Kennett Square

State Pa ZIP Code + 4 19348

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:

Bus drivers

12.b. Identify subject labor organizations:

International Union at Sawneyman.