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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number: C- 714		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name JOE Mieluchowski	Name	
Tille Labor Relations Consultant	Title	
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 Rennett Squue	City	
State P. ZIP Code + 4 19348	State ZIP Code + 4	
4. Date fiscal year ends: 5. Type of person:		
a. Individual b. Partnership	c. Corporation d. Other (Specify):	
and the second of the second o	ta di sententi di sententi Sententi di sententi di se	
Nature of Agreement or Arrangement		
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:	
Name Shmuel Cohen	12/11/12	
Organization Steel Warehouse	8. Name of person(s) through whom made:	
Trade Name, if any	Name Shmuel Cohen	
P.O. Box, Bldg., Room No, if any	Name	
Street 4700 HEIDTMAN Parkway	Name	
city Cleveland	Name	
State 0 H ZIP Code + 4 44 10. 5	Name	
Signatures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,	
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see	
Title (MSultan) instructions)	. Title instructions)	
Von 1/17/13 215 287 1740	. On	
Datel Telephone Number	Date Telephone Number	

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Specific Activities to be Performed

File Number C-

- 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
 - a. Vio 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.):

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

Onsite Campaign maragement for a daily Consultant fee plus expenses.

a. Nature of activity: Plasting employees of a make an educated de	Steel Whrehouse to usin on withy yes no
to havin Representation	
11.b. Period during which performed:	11.c. Extent performed:
_ December 2012 - January 2013.	Unguing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Joe Mieluchowsk	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 2 ZIP Code + 4 19 3 48	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Production and Maintenace	USW.
	: