

Amended

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 03-31-2019



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.

648010

1. File Number: C- 00495

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name John Hawkins	3. Any other address where records necessary to verify this report are kept:
Title President	Name
Organization Management Performance International	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 11500 Northlake Drive, Suite 105	P.O. Box, Bldg., Room No., if any
City Cincinnati	Street
State Ohio	City
ZIP Code + 4 45249-1655	State
	ZIP Code + 4
4. Date fiscal year ends:	
Sep / 16	5. Type of person:
	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Paul McGrath	7. Date entered into: 10/01/2014
Organization Universal Stainless	8. Name of person(s) through whom made:
Trade Name, if any	Name Paul McGrath
P.O. Box, Bldg., Room No., if any	Name Dennis Oates
Street 600 Mayer Street	Name
City Bridgeville	Name
State Pennsylvania	Name
ZIP Code + 4 15017-2790	

### 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 John H. Hawkins President  
(If other title, see instructions)  
Title President

14. Signed John H. Hawkins Treasurer  
(If other title, see instructions)  
Title Treasurer

On 3/20/2017 (513) 721-6611  
Date Telephone Number

On 3/20/2017 (513) 721-6611  
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.):

No written agreement

#### Specific Activities to be Performed

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

a. Nature of activity:

The key activity was to provide consulting support and persuade the hourly and full-time employees to vote "No" in a representation election.

11.b. Period during which performed:

February 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John Hawkins

Organization Management Performance International

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

Street 11500 Northlake Drive, Suite 105

City Cincinnati

State Ohio

ZIP Code + 4 45249-1655

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:

All full-time and regular part-time employees at North Jackson plant.

12.b. Identify subject labor organizations:

United Steel Workers