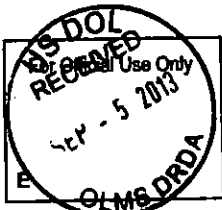


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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.

1. File Number:

c-774

534080

## Person Filing

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

Name: Joe M. Metuchowski  
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:

12/31

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: Stephanie Coe  
Organization: MPW Industrial Services  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any:  
Street: 9711 Lancaster Road SE  
City: Hebron  
State: OH ZIP Code + 4: 43025

7. Date entered into:

8/12/13

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

Name: Stephanie Coe  
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

Joe M. Metuchowski  
Consultant

President  
(If other title, see  
instructions)

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

On

8/27/13  
Date

215-287-1740  
Telephone Number

On

Date

Telephone Number

Filer:

File Number C-

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.):

On site 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 MPW to make an  
educated decision on voting yes or no  
to union representation.

11.b. Period during which performed:

August 2013

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Joe Mieluchowski

Organization

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

Street

City

State

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:

equipment operators

12.b. Identify subject labor organizations:

I U O E