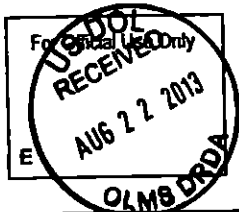


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



This report is mandatory under P.L. 88-257, 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.

533580

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 Sq
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 Stefanie 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 OHIO ZIP Code + 4 43025

7. Date entered into:

7/24/13

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

Name Stefanie 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 Mieluchowski
Title Consultant

President
(If other title, see
instructions)

14. Signed

Treasurer
(If other title, see
instructions)

On

Date

2015 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:

July - Aug 2013

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name

Joe Mieluchowski

Organization

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

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

Street

City

State

ZIP Code + 4 19348

12.a. Identify subject groups of employees:

equipment operators

12.b. Identify subject labor organizations:

I U O E