

# 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.

561980

1. File Number:

C-

774

### Person Filing

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

Name Joe Mieluchowski

Title Labor Relations Consulting

Organization

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

Street 47 E. Jonathan Ct.

City Hensett 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 Susan Boyd

Organization Rea Algonquin Industries

Trade Name, if any

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

Street 129 Soundview Rd.

City Guilford

State CT

ZIP Code + 4 06437

7. Date entered into:

6 / 7 / 12

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

Name Susan Boyd

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*

President  
(If other title, see  
instructions)

Title

Consultant

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

On

7-26-12

Date

215-287-1740

Telephone Number

On

Date

Telephone Number

Filer:

Joe Mieluchowski

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 Rea to make an educated decision on voting yes or no to union representation

11.b. Period during which performed:

June 2012 - July 2012

11.c. Extent performed:

complete

11.d. Name and address through whom performed:

<p>Name Joe Mieluchowski</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 417 E Jonathan Ct.</p> <p>City Kennett Square</p> <p>State PA ZIP Code + 4 19348</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
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12.a. Identify subject groups of employees:

Finish Mill operators,  
Annealing operators,  
Typing operators, Maintenance  
mechanics, shipping, quality  
control

12.b. Identify subject labor organizations:

IBEW