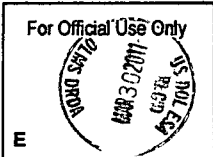


FORM LM-20

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.

453258

1. File Number: C- 662

Person Filing

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

Name Kenneth Cannon

Title Owner

Organization Cannon Labor Relations Consulting

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

Street 2207 Ballantrae Dr

City Colleyville

State Texas

ZIP Code + 4 76034

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:

Dec / 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 Pat Wallace

Organization Trinity Industries Highway Division

Trade Name, if any

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

Street 2525 North Stemmons Freeway

City Dallas

State Texas

ZIP Code + 4 75207

7. Date entered into:

1 / 20 / 2011

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

Name

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 Kenneth E. Cannon

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On 03/20/2011 972-670-6159

Date

Telephone Number

On _____

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.):

There are no written agreements between Trinity and Cannon Labor Relations Consulting.

Specific Activities to be Performed

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

a. Nature of activity:

Train management on what they can and cannot do once a union commences an organizing campaign. Meet with employees in large group sessions to explain what their rights are under the NLRA and what to expect during the campaign. Prepare written material to be mailed out by the employer. Prepare written responses to union material handed out at the company gates or mailed to employees' home. Prepare the management on how to run a pre-election campaign should a petition be filed by the union.

11.b. Period during which performed:

1/24/2011

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Gary Allen
Organization Trinity Industries Highway Division
P.O. Box, Bldg., Room No., if any
Street 250 Bamberg Dr.
City Pell City
State Alabama ZIP Code + 4 35125

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 hourly employees working at the above named facility in Pell City, Alabama.
No petition filed

12.b. Identify subject labor organizations:

Sheet Metal Workers Union Local No. 48