

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-

722

507027

Person Filing

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

Name Ken Cannon

Title Owner

Organization Cannon Labor Relation Consulting, LLC

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 Steve Laich

Organization North Jackson Speciality Steel

Trade Name, if any

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

Street 2058 South Bailey Rd

City North Jackson

State Ohio

ZIP Code + 4 44451

7. Date entered into:

10 / 2 / 2012

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

Ken Cannon 11/1/2012

President
(If other title, see
instructions)

14. Signed

Treasurer
(If other title, see
instructions)

Title Sole Proprietor

Title Treasurer

On 11/1/2012

Date

972-670-6159

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.):

Verbal agreement that Cannon Labor Relation Consulting, LLC for \$1500/day plus expenses would train managers on what they can and cannot do during a union organizing campaign and assist management during the campaign by provide campaign material to be used by local management in their communications with employees concerning the union organizing campaign.

Specific Activities to be Performed

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

a. Nature of activity:

Train managers on the NLRA and what activity is legal and illegal during an organizing campaign. Sit in on employee communications meeting to answer questions that local management could not answer. Represent North Jackson Speciality Steel on election day.

11.b. Period during which performed:

October 1, 2012- November 2, 2012

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Steve Laich
 Organization North Jackson Speciality Steel
 P.O. Box, Bldg., Room No., if any
 Street 2058 South Bailey Rd
 City North Jackson
 State Ohio ZIP Code + 4 44451

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 productions and Maintenance employees.

12.b. Identify subject labor organizations:

United Steelworkers Union District 1