

Reset

## FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Font

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019

Renumber Pages

Reset Zip Fields

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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00662

## Person Filing

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

Name Ken Cannon

Title Owner

Organization Cannon Labor Relations, 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 / 30

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 Scott Dietrich

Organization Arconic Power and Propulsion

Trade Name, if any

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

Street 201 Isabella St. At 7th st bridge

City Pittsburgh

State Pennsylvania ZIP Code + 4 15212

7. Date entered into:

08 / 09 / 2018

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

Title Sole Proprietor

President  
(If other title, see  
instructions)

14. Signed

Title

Treasurer  
(If other title, see  
instructions)

Stamp

Delete

On 08/06/18 972-670-6159

Date

Telephone Number

On

Date

Telephone Number

Clear Signatures

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.):

Walked plant floor and spoke with employees on all three shifts working in BC 1 and BC 2. Answered employee questions concerning the union authorization card, number required to petition for an election and how it is used by the union.

#### Specific Activities to be Performed

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

TEST PG CNT

a. Nature of activity:

Walked plant floor in La Porte ,IN answering employee questions concerning rumors the IAM was attempting to organize employees working in BC 1 and BC 2.

11.b. Period during which performed:  
August 2018 and ongoing

11.c. Extent performed:  
Work is ongoing

11.d. Name and address through whom performed:

Name Tera Grinnell

Organization Arconic

P.O. Box, Bldg., Room No., if any Bldg 1

Street 1110 E. Lincolnway

City La Porte

State Indiana ZIP Code + 4 46350

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:

Hourly employees working in plants 1,3 and 10.

12.b. Identify subject labor organizations:

IAM District or local lodge not known