

FORM LM-20  
**AGREEMENT AND ACTIVITIES REPORT**



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)

574142

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

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, 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 / 14

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 Joe DeSaye

Organization Toll Global Forwarding Holding

Trade Name, if any

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

Street 800 Federal St.

City Cartaret

State New Jersey ZIP Code + 4 07008

7. Date entered into:

11 / 15 / 2014

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 12/13/2014 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.):

Cannon Consulting will develop communications material and present to employees on what Union's can and cannot do for employees.

#### Specific Activities to be Performed

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

a. Nature of activity:

Write material that addresses IBT International and IBT Local 469. After material is approved, present material to local and express drivers for Toll Global Forwarding Holding, New Jersey Drivers.

11.b. Period during which performed:

11/15/2014 01/20/2015

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Joe DeSaye

Organization President

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

Street 800 Federal St.

City Carterat

State New Jersey ZIP Code + 4

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:

Local and Express Drivers for Toll Global Forwarding Holding.

12.b. Identify subject labor organizations:

Teamsters Local 469