

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

For Official Use Only



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.

400754

1. File Number: C-662

Person Filing

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

Name Kenneth E Cannon

Title Owner

Organization Cannon 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 Siemens SEA

Organization Siemens Energy and Automation

Trade Name, if any

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

Street 3333 Old Milton Parkway

City Alpharetta

State Georgia ZIP Code + 4 30005

7. Date entered into:

12 / 31 / 08

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

Name Mike Troy

Name Kim Gosk

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

President
(If other title, see
instructions)

Title Other (Specify)

Siemens VP, Human Resources

14. Signed

Treasurer
(If other title, see
instructions)

Title

Controller/Comptroller

On

7/23/09

Date

770-751-2345

Telephone Number

On

7/22/09

Date

847-531-7466

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.):

Train managers/supervisors on their role during a union organizing campaign (TIPS)
 Meet with employees to present the Company's views on why they do not need a union to represent them.
 Encourage employees to vote NO on election day.

Specific Activities to be Performed

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

a. Nature of activity:

Conduct employee meetings to present what unions can and cannot do for employees. Using visual, graphic, written and audio communications methods present the company's side of why employees should reject the union by voting NO in the coming election.

11.b. Period during which performed:

July 1, 2009

11.c. Extent performed:

December 31, 2009

11.d. Name and address through whom performed:

Name Siemens

Organization Energy, Automation and Mechanical Drives

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

Street 1401 Madeline Lane

City Elgin

State Illinois

ZIP Code + 4 60123

Additional Name and address through whom performed, if any:

Name Winergy, Inc

Organization

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

Street 950 Tollgate Road

City Elgin

State Illinois

ZIP Code + 4 60123

12.a. Identify subject groups of employees:

All hourly employees

12.b. Identify subject labor organizations:

All hourly employees