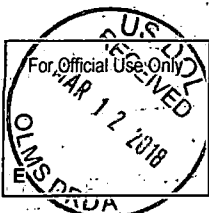


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

664540

1. File Number: C- 00662

## Person Filing

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

Name Kenneth Cannon  
Title Founder & 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 Steve Guzy  
Organization Acero Junction Industries  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 1500 South Commercial Ave  
City Mingo Junction  
State Ohio ZIP Code + 4 43938

7. Date entered into:

02 / 09 / 2018

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

Name Steve Guzy  
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 Cannon*

President  
(If other title, see  
instructions)

Title Sole Proprietor

14. Signed

Title d

Treasurer  
(If other title, see  
instructions)

On

02/27/2018

Date

972-670-6159

Telephone Number

On

Date

Telephone Number

Filer:

File Number C- 00662

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 management on TIPS, develop communications material, communicate with employees on their rights to form, join or assist the formation of a union and their rights to refrain from such all activity.

**Specific Activities to be Performed**

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

a. Nature of activity:

Trained Acero Management team on their roles during a union organizing campaign and activities that are illegal to conduct during the campaign (TIPS).

Met with employees during three all hands meetings to cover the union authorization card, the International Union's Constitution and Local bylaws. The third meeting covered the collective bargaining process and how it works.

11.b. Period during which performed:

02/12/2018-02/26/2018

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Steve

☐

Guzy

Organization

Acero Junction Industries

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

Street

1500 Commercial Ave

City

Mingo Junction

State

Ohio

ZIP Code + 4

43938

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 Mingo Junction Industries Hourly employees

12.b. Identify subject labor organizations:

United Steelworkers International