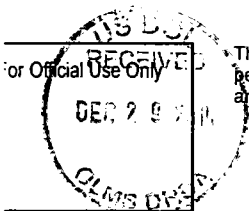


AGREEMENT AND ACTIVITIES REPORT



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)

602544

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number: C- 00662

Person Filing

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

Name Kenneth 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 / 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 Eric Hellinger, Director HR

Organization Facility Solutions Group (FSG)

Trade Name, if any

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

Street 4401 Westgate Blvd, Ste 310

City Austin

State Texas ZIP Code + 4 78745

7. Date entered into:

11 / 23 / 2015

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

Name Eric Hellinger

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.)

3. Signed Kenneth Cannon

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed _____

Treasurer
(If other title, see
instructions)

Title Treasurer

On 12/20/2015 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.):

Train management on the ACT covering the basic laws, TRIPS that covers what they can and cannot do during a union organizing campaign. Also, develop communications material for management to use during the campaign as well as meet with FSG employees to persuade them to hear both side, get the facts and let their vote be their voice on deciding to form, join or refrain from joining a labor organization.

Specific Activities to be Performed

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

a. Nature of activity:

1. Train all Philadelphia Managers/supervisors on the NLRA, prepare written communications, be available to answer questions.
 2. Develop communications material for employees that is factual and does not violate employees' rights.
 3. Develop presentation material covering factual information on what the IBEW local 98 can and cannot do for employees.
 4. Show factual information and where that data was taken.
- Encourage all employees to do their own research on the International and Local IBEW.

1.b. Period during which performed:

11/23/2015 12/31/2015

11.c. Extent performed:

1.d. Name and address through whom performed:

Name Joseph Reuter

Organization FSG

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

Street 960 Brook Road, Unit 7

City Conshohocken

State Pennsylvania

ZIP Code + 4 19428

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

2.a. Identify subject groups of employees:

All Hourly employees employed at the above listed facility

12.b. Identify subject labor organizations:

IBEW Local 98