

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)

559548  
**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

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 Mike Moreno

Organization M2 Services

Trade Name, if any

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

Street 5900 Lake Forest Blvd

City McKinney

State Texas

ZIP Code + 4 75070

**7. Date entered into:**

06 / 26 / 2014

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

Name Mike Moreno

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 C. Cannon*

President  
(If other title, see  
instructions)

Title Sole Proprietor

14. Signed \_\_\_\_\_

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 07/14/2014 9726706159

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 with emphasis on what they can and cannot do during an organizing campaign. Also, meet with employee and communicate factual information about the Steelworkers Union.

**Specific Activities to be Performed**

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

a. Nature of activity:

Trained management on TRIPS rule and what they must not do during the campaign.  
Meet with employees in weekly meetings to share factual information about the Machinist Union.

11.b. Period during which performed:

06/27/2014- 07/24/2014

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Mike Moreno

Organization M2 Services

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

Street 5900 S. Lake Forest Blvd

City McKinney

State Texas

ZIP Code + 4 75070

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 M2 Services hourly employees employed at Hunter Army Base.

12.b. Identify subject labor organizations:

International Association of Machinist

*[Handwritten signature]*