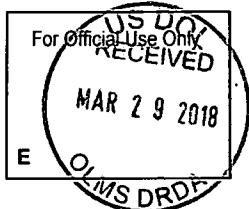


LM 20
AGREEMENT AND ACTIVITIES REPORT



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.

670154

1. File Number: C- 662

Person Filing

2. 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 / 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 Scott Dietrich, Esq.
Organization Arconic
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street 201 Isagella St. at 7th St. Bridge
City Pittsburgh
State Pennsylvania ZIP Code + 4 15212

7. Date entered into:

03 / 01 / 2017

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 Cannon

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title d

On 4/2/2017

Date

972-670-6159

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.):

Develop material, train management on the ACT. Also, develop material and deliver to all non-union hourly employees.

Specific Activities to be Performed

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

a. Nature of activity:

Trained all managers on the ACT
Met with all non-union hourly employees in group and one on one session and covered their rights under the National Labor Relations Act and what management and cannot do during a pre-election campaign.
Covered the unions Constitution and local bylaws, the CBA process and how it works.

11.b. Period during which performed:

03/05/2017-03/20/2017

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Amy ☐ Heisser

Organization Acronic Whitehall Operations

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

Street One Misco Dr.

City Whitehall

State Michigan

ZIP Code + 4 49461

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 non-union hourly employees.

12.b. Identify subject labor organizations:

IAM Local 1243