

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

This report is mandatory under P.L. 85-257, 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.

446 631

1. File Number:

c-722

Person Filing

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

Name Kenneth E Cannon

Title Owner Cannon Labor Relations Cons.

Organization Labor Relations Institute

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

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma

ZIP Code + 4 74013

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 Pat Wallace

Organization Trinity Industries CMC Group

Trade Name, if any

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

Street 2525 Stemmons Freeway

City Dallas

State Texas

ZIP Code + 4 75207

7. Date entered into:

2/1/2008

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

Kenn Cannon

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 03/03/2011

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.):

Train management on their roles and responsibilities are and what they can and cannot do during a union organizing campaign. Met with employees in large group sessions to explain what their rights are under the NLRA and what to expect during the campaign from both the company and the 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 TIPS
Communicated to employees their rights to join, form or assist and to refrain for all activity if they choice to do so.
Wrote speeches for the General Manager which he delivered during the large employee meetings on a weekly basis.
Prepared the plant for the election process by getting required NLRB posters up by due dates, set up the voting area to meet NLRB standards.

11.b. Period during which performed:

Feb. 2008 April 2008

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Scott Mautino

Organization Trinity Industries

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

Street 48th Street

City Pittsburgh

State Pennsylvania ZIP Code + 4

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:

Grinders, shippers, receiving, mold makers, furnace operators, maintenance

12.b. Identify subject labor organizations:

ACTIVITIES REPORT