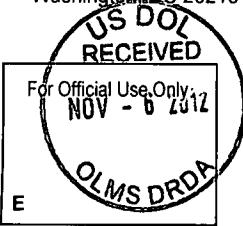


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

1. File Number:

c-722

507026

## Person Filing

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

Name Ken Cannon

Title Owner

Organization Cannon Labor Relations Consulting, 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 Gary Olson

Organization CH Inc

Trade Name, if any

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

Street 1228 South Main Street

City Council Bluff

State Iowa

ZIP Code + 4 51503

7. Date entered into:

09/01/12

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

President  
(If other title, see  
instructions)

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Sole Proprietor

Title Treasurer

On 11/1/2012

Date

972 670-6159

Telephone Number

On

Date

Telephone Number

Filer: Ken Cannon      Cannon Labor Relations Consulting, LLC	File Number C-
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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.):

Entered into a pro bona agreement with CH Inc. to train CH Inc. management team on the NLRA and what they can and cannot do during a union organizing campaign. Also, provide campaign Material for management team to be used in their communications with CH Inc employees pro bona. Also, if possible attend the communications meetings conducted by CH Inc. HR Manager Dannielle Fisher to answer questions that Fisher could not answer.

<b>Specific Activities to be Performed</b>	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
Met with management team and trained them on the do's and don't's during a union organizing campaign. Developed campaign communications material to be used by CH Inc. management team during the campaign. Provided telephone support to help answer any questions that managment may have during the campaign.	
11.b. Period during which performed: Sept. 19, 2012 - Oct. 11, 2012	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Gary Olson	Name
Organization CH Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 1228 South Main Street	Street
City Council Bluff	City
State Iowa ZIP Code + 4 51503	State ZIP Code + 4
12.a. Identify subject groups of employees: All Correctional Officers	12.b. Identify subject labor organizations: International Brotherhood of Teamsters