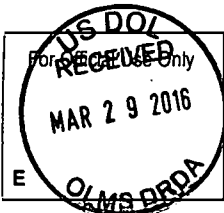


FORM LM-20  
**AGREEMENT AND ACTIVITIES REPORT**

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016



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)

617628

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C-00662

**Person Filing**

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

Name Kenneeth 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 Eric Hellinger

Organization FSGI, LLC

Trade Name, if any Facility Solutions Group

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

Street 4401 Westgate Blvd, Suite 310

City Austin

State Texas ZIP Code + 4 78745

7. Date entered into:

03 / 01 / 2016

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.)

13. Signed

President  
(If other title, see  
instructions)

Title Sole Proprietor

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 03/23/2016 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 local management on TIPS, develop written and visual communications to use in communication sessions with employees so as not to violate their Sec. 7 rights.

#### Specific Activities to be Performed

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

a. Nature of activity:

Met with all FSGI, LLC managers in Conshohocken, PA to train them on the ACT and what rights employees have under sec. 7 of the ACT and what management can and cannot do or say during the pre-election campaign period.

Met with employees over a two day period to present to them what unions have done to help employees and what unions now do that does not necessarily help employees. Also covered the IBEW's International LM 2 and Local 98's LM 2 report.

11.b. Period during which performed:  
March 8-10, 2016

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Joseph Reuter

Organization FSGI, LLC

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

Street 960 Brook Rd, Unit 7

City Conshohocken, PA

State  ZIP Code + 4 18428

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 electricians and warehouse personnel working out of the Conshohocken, PA office.

12.b. Identify subject labor organizations:

IBEW Local 98