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AGREEMENT AND ACTIVITIES REPORT

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Renumber Pages

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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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

706234

1. File Number: C- 00662

Person Filing

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

Name Ken 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

Organization Arconic Power and Propulsion

Trade Name, if any

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

Street 201 Isabella St. At 7th st bridge

City Pittsburgh

State Pennsylvania ZIP Code + 4 15212

7. Date entered into:

05 / 14 / 2019

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

Title Sole Proprietor

President
(If other title, see
instructions)

14. Signed

Title

Treasurer
(If other title, see
instructions)

Stamp

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On 06/13/2019

972-670-6159

Date

Telephone Number

Clear Signatures

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.):

There is no contract written or verbal with Arconic. I have a verbal agreement with the company's Attorney, Scott Dietrech to provide onsite support to local managers all employees' rights are protected as they exercise their legal rights under title 1; Section 7 of the National Labor Relations Act.

Specific Activities to be Performed

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

a. Nature of activity:

TEST PG CNT

Worked with Arconic legal and management team to ensure all employee rights are protected per Title 7, Section 7 of the National Labor Relations Act and to educate employees on their rights to form, join, assist or refrain from all such activity to the extent it does not violate section 8(a)3.

11.b. Period during which performed:
August 2018 and Ongoing

11.c. Extent performed:
work is ongoing at this time

11.d. Name and address through whom performed:

Name Tera Grinnell
Organization Arconic Power and Propulsion
P.O. Box, Bldg., Room No., if any
Street 1110 E. Lincolnway
City LaPorte
State Indiana ZIP Code + 4 46350

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 Hourly employees working in BC1 and BC2.

12.b. Identify subject labor organizations:

IAM Local 2018