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AGREEMENT AND ACTIVITIES REPORT

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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.

652755

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:

06 / 06 / 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 in accordance with the instructions in the instructions.)

Not Ready To Sign

Not Ready To Sign

13. Signed Ken Cannon

President
(If other title, see
instructions)

Title Sole Proprietor

14. Signed

Treasurer
(If other title, see
instructions)

Title

Stamp

Delete

On 06/29/2017 972-670-6159

Date

Telephone Number

On

Date

Telephone Number

Clear Signatures

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.):

Prepare pre-election material for Peter Velotas, General Manager, who delivered the material to employees in all-hands meetings. Supported Pete in answering questions and ensured we did not violate employees rights(TRIPS). I walked plant floor talking to employees in one on one meetings.

Specific Activities to be Performed

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

TEST PG CNT

a. Nature of activity:

Developed ppt presentation material covering the ACT, Constitution and Bylaws and the CBA process. Met with groups of employees to present material over a three week period. Walk plant floor and spoke with employees in one-on-one meeting to answer their questions following the ppt meetings.

11.b. Period during which performed:

March 2017

11.c. Extent performed:

Work has been completed

11.d. Name and address through whom performed:

Name Pete Velotas
Organization Arconic Global Rolled Products

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

Street 1480 Manheim Pike

City Lancaster

State Pennsylvania ZIP Code + 4 17601

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 productions employees minus maintenance.

12.b. Identify subject labor organizations:

International Steelworkers Union, AFL-CIO