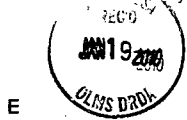


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

For Official Use Only



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-384 410173

### Person Filing

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

Name Kenneth E Cannon

Title Labor Relations Consultant

Organization Cannon Consulting, LLC

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

Street 2007 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 Blaine Salvator

Organization Curtiss Wright Benshaw

Trade Name, if any Benshaw, Inc

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

Street 615 Alpha Drive

City Pittsburgh

State Pennsylvania

ZIP Code + 4

7. Date entered into:

12 / 13 / 2009

8. Name of person(s) through whom made:

Name Blaine Salvator

Name Denny Pricer

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 Executive Director

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Vice President Finance

On

1/8/2010

Date

908-329-0473

Telephone Number

On

1/7/2010

Date

(412)4439735

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 manager on employee rights during an organizing campaign and what they can and cannot do during a campaign. Also, meet with all employees to explain company's position and what collective bargaining means to employees.

#### 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 managers and supervisors and trained them on TIPS. Developed managements communications designed not to violate employee rights.  
Met five times with all unit employees to share information on company's position towards unions and what unions can and cannot do.

11.b. Period during which performed:

12/13/2009 Through 1/21/2010

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Blaine Salvator

Organization Benshaw, Inc

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

Street 615 Alpha Drive

City Pittsburgh

State Pennsylvania ZIP Code + 4 15238

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 126 hourly employees who work at Benshaw's facility located at 615 Alpha Drive, Pittsburgh, PA 15238

12.b. Identify subject labor organizations:

IBEW local 1914