

LM 20 Form  
**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- 00662

**Person Filing**

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

Name Kenneth Cannon

Title Owner

Organization Cannon Labors 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 Jennifer Sweeny, Esq.

Organization Dowell-Pham-Harrison, LLP

Trade Name, if any

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

Street 505 Pecan St. Tindall sq Building#2

City Fort Worth

State Texas ZIP Code + 4 76102

7. Date entered into:

11 / 30 / 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. (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

On 12/21/2017 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 managers on the National Labor Relations Act and met with all CDL Drivers and adm aid to explain the process the National Labor Relations Board has established for employees to decide if they wish to be represented by a labor organization or continue remain union free.

**Specific Activities to be Performed**

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

a. Nature of activity:

Trained maanagers on TIPS and met with all CDL drivers and adm aid to explain the process the National Labor Relations Board has established and enforces when a third party is attempting to organize employees in the appropriate unit. the data covered the union authorization card and the International Teamsters Constitution and Local 251's bylaws.

11.b. Period during which performed:

11/30/2017-Ongoing

11.c. Extent performed:

Employee persuader

11.d. Name and address through whom performed:

Name Mark Elsea

Organization Pinnacle Logistics

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

Street 1530 Davisville Rd

City North Kingston

State  ZIP Code + 4 02852

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 CDL drivers and Administration Aid.

12.b. Identify subject labor organizations:

Teamsters Local 251