

FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

490513

1. File Number C- <u>662</u>	2. Period Covered By This Report From: <u>01/01/2011</u> Through: <u>12/30/2011</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Ken Cannon</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Owner</u>	Name <u></u>
Organization <u>Cannon Labor Relations Consulting, LLC</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	Organization <u></u>
Street <u>2207 Ballantrae Dr</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>Colleyville</u>	Street <u></u>
State <u>Texas</u> ZIP Code + 4 <u>76034</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

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 the Section on penalties in the instructions).

17. Signed <u>Ken Cannon</u> Title <u>Sole Proprietor</u> On <u>03/04/2012</u> <u>972-670-6159</u> Date Telephone Number	President (if other title, see instructions)	18. Signed <u></u> Title <u>Treasurer</u> On <u></u> <u></u> <u></u> Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Ken Cannon

File Number C-

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Employer Toll Global Forwarding

Trade Name

Attention To Rich

Title

Sr. VP West Coast Operations

Mailing Address:

P.O. Box, Building and Room Number, if any

Street 400 Westmont Dr.

City San Pedro

State California

ZIP Code + 4 90731

5.b. Termination Date

5.c. Amount 172,443

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 172,443

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name (b) Salary (c) Expenses (d) Totals

Ken	Cannon	133,275	39,168	172,443	9. Office and Administrative Expenses	
			0		10. Publicity	
					11. Fees for Professional Services	
		0	0	0	12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				172,443	14. Total Disbursements (Sum of Items 9-13)	172,443

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY