U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form approved Office of Management and Budget No. 1245-0003

Expires: 08-31-2016

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 Linduding 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

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1 . File Number C- 662	2. Period Covered By This Report From: 01 / 01 / 2015 Through: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 12 / 30 / 2015
A. Person Filing	
Name and mailing address (include ZIP Code):	
5. Name and maining address (include 21r Code).	Any other address where records necessary to verify this report are kept:
Name Ken Cannon	Name
Title Owner	Title
Organization Cannon Labor Relations, LLC	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 2207 Ballantrae, Dr	Street
City Colleyville	City
State Texas ZIP Code + 4 76034	State ZIP Code + 4
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete . See the Section on penalties in the instructions).	
17. Signed President (if other title, see instructions)	18. Signed Treasurer Title Treasurer (If other title, see instructions)
On 03/61/3016 973-670-6159 Telephone Number	On/

Name of Person Filing:	File Number C-	
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purpose	es of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Employer Facilities Solution Group, Industries	P.O. Box, Building and Room Number, if any	
Trade Name FSG, Industries	Street 4401 Westgate Blvd, Ste 310	
Attention To Eric Hellinger	City Austin	
Tito Director Human Resources		. 79745
Title Director numan resources	State Texas ZIP Code +	. 4 70745
5.b. Termination Date 12/30/2015	5.c. Amount \$2312.20	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		
	orting 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) 1	Fotals	
	Office and Administrative Expenses	
	10. Publicity	
	11. Fees for Professional Services	
	12. Loans Made	
	13. Other Disbursements	
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Activity Use this Schedule	le to report only disbursements made for the purposes desc	cribed in Part D of the
instructions.		
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4	1	

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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filin	g:							File Number C-		
B. Statement of Re		pts Report all receipts from or services.	n employers in	connec	tion with I	abor rela	itions advice or servi	ices regardless of the purpos	es c	of the advice
5.a. Name and Addres	s o	Employer (including trade na	ıme, if any).		-	D.O. D.	Mailing Address:			
Employer Tri	.ni	ty Industries				P.O. B0	x, Building and Roon	n Number, if any		
Trade Name ^T	ri	nity Marines				Street	150 LA21			
Attention To T	'on	ı Fa	herty			City	Madisionvill	e		
Title V	ic	e President				State	Louisiana	ZIP Code	+ 4	70447
Title										
5.b. Termination Da	ate	04/16/2015		_		5.c. Am	ount \$36,769.5	0		
6. TOTAL RECEIPT	SF	ROM ALL EMPLOYERS								
								W-7 D-3		
C. Statement of Dis	sbı	rsements Report all di	sbursements r	nade by	the repor	ting orga	nization in connection	on with labor relations advice	or s	services rendered
[[to the emplo	yers listed in F	Part B.		3 - 3-				
7. Disbursements to C (a) Name	Offic	ers and Employees:	(b) Salary	(c) Expe	nses (d) To	otals				
							9. Office and	Administrative Expenses		
							10. Publicity			
							11. Fees for Pr	rofessional Services		
							12. Loans Mad	e		
							13. Other Disb	ursements		
8. Total disburseme	nts	to officers and employees	:				14. Total Disbur	sements (Sum of Items 8-13)		
D. Schedule of Dis	hu	rsements for Reportable	Activity	lee this	Schedule	to reno	t only dishursement	s made for the purposes des	cribe	ed in Part D of the
b. cenedate of bio				instruction		. to repo	t only disbursement	3 made for the purposes dec		sa iii i ait b oi aic
15.a. Employer Nan	ne:					15.b. T	rade Name, If any:			
15.c. To Whom Paid	;	••				15.d. A	mount			
Name						15.e. P	urpose			
Title					\neg	\				
Organization	_									1

P.O. Box. Buildir	na a	and Room Number, if any								
	3					H				
Street										
City										
State Washin	qt	on Z	P Code + 4							
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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: P.O. Box, Building and Room Number, if any Employer Tyco, Simplex Grinnell Trade Name Simplex Grinnell Attention To Anthony Alfano City Boca Raton Title Facilities Manager State Florida ZIP Code + 4 33431 5.b. Termination Date 04/16/2015 5.c. Amount \$16,200.00 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 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 9. Office and Administrative Expenses (a) Name (b) Salary (c) Expenses (d) Totals 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements (Sum of Items 8-13) D. Schedule of Disbursements to officers and employees: 14. Total Disbursements made for the purposes described in Part D of the instructions.
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