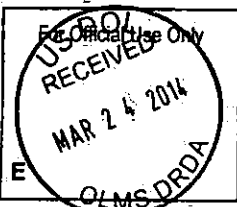


RECEIPTS AND DISBURSEMENTS REPORT

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

547189

1. File Number C- 662	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 31 / 2013		12 / 31 / 2013

A. Person Filing

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

Name Ken Cannon
Title Owner
Organization Cannon Labor Relations, LLC
P.O. Box, Building and Room Number, if any
Street 2207 Ballantrae Dr
City Colleyville
State Texas ZIP Code + 4 76034

4. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
State ZIP Code + 4

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 Ken Cannon President
(if other title, see instructions)
Title Sole Proprietor

18. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 03 / 30 / 2014 Date
972-670-6159 Telephone Number

On / / Date
 Telephone Number

Name of Person Filing:

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).

Mailing Address:

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

Employer Curtiss Wright

Trade Name

Street 615 Alpha dr

Attention To Blaine Salvador

City Pittsburgh

Title Vice President Operations

State Pennsylvania

ZIP Code + 4 74013

5.b. Termination Date 4/8/2013

5.c. Amount 5866.98

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

Ken Cannon 4500.00 1366.98

9. 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 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

15.d. Amount

Name

15.e. Purpose

Title

Engage to communicate to employees regarding exercising their rights to organize and bargain collectively.

Organization

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

Street

City

State Other ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

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):

Mailing Address:

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

Employer RTI Alloy Canton

Trade Name

Street 1000 Warner Rd

Attention To Blaine Salvador

City Niles

Title Vice President Operations

State Ohio

ZIP Code + 4 44446

5.b. Termination Date 11/14/2013

5.c. Amount 12,236

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

Ken Cannon	8250	3986		9. 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 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:

15.d. Amount

Name

Title

Organization

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

Street

City

State Other

ZIP Code + 4

15.e. Purpose

Engage to communicate to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:

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).

Mailing Address:

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

Employer McConway and Torley

Trade Name Trinity Industries

Street 109 48th St

Attention To Scott Mautino

City Pittsburgh

Title President

State Pennsylvania

ZIP Code + 4 15201

5.b. Termination Date 8/9/2013

5.c. Amount

34,032.50

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	
Ken Cannon	14,625	4782.50	34,032.50	9. 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)
				34,032.50

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

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C-
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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 of Employer (including trade name, if any): Employer AIM Trade Name LRI Attention To John Feutz Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 7850 Scouth Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74013
5.b. Termination Date 7/14/2013 5.c. Amount 39,359	
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		
Ken Cannon	29,325	0,039.02		9. 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 to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Other ZIP Code + 4	15.b. Trade Name, If any: 15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:

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):

Mailing Address:

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

Employer Toll Global Forwarding

Trade Name

Street 400 Westmont dr

Attention To Rich Nazzaro

City San Pedro

Title Vice President Operations

State California

ZIP Code +4 90731

5.b. Termination Date 1/3/2013

5.c. Amount 5941.97

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

Ken Cannon	3000	5942		9. 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 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 Other

ZIP Code + 4

15.d. Amount**15.e. Purpose**

Engage to communicate to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY