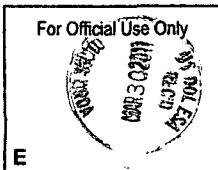


# FORM LM-21

## 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

453217

1. File Number C- 662	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2010	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2010
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Kenneth E Cannon  Title Owner  Organization Cannon Labor Relation Consulting  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).

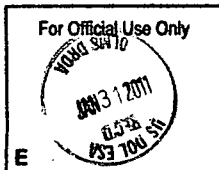
17. Signed <u>Kenneth E. Cannon</u> Title Sole Proprietor  On 03 / 20 / 2011 972-670-6159 Date Telephone Number	President (if other title, see instructions)	18. Signed _____ Title Treasurer  On / / Date Telephone Number	Treasurer (if other title, see instructions)
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# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

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

1. File Number C- <u>662</u>	2. Period Covered By This Report From: <u>01/01/2010</u> Through: <u>12/31/2010</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Kenneth</u> <u>E</u> <u>Canon</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 Relation Consulting</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>

### Signature

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>Kenneth Canon</u> Title <u>Sole Proprietor</u> On <u>01/17/2011</u> Date Telephone Number <u></u>	President (If other title, see instructions)	18. Signed <u></u> Title <u>Treasurer</u> On <u></u> Date Telephone Number <u></u>	Treasurer (If other title, see instructions)
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Name of Person Filing: Kenneth Canon

**B. Statement of Receipts** Report all receipts from employers in connection with labor relations advice or service or services.

for the purposes of the advice

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

Mailing Address:

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

Employer Trinity Industries Tower Division

Trade Name

Street

2525 N. Stemmons Freeway

Attention To

Pat

Wallace

City

Dallas

Title

President CEMC

State

Texas

ZIP Code + 4

75207

5.b. Termination Date 08/13/2010

5.c. Amount 49,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 49,500

**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	
					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 Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY