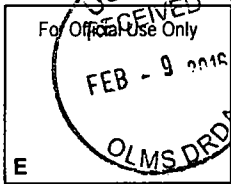


FORM LM-21

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

604243

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 / 01 / 2015		12 / 30 / 2015

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 <u><i>Ken Cannon</i></u> Title Sole Proprietor On <u>03/01/2016</u> Date <u>972-670-6159</u> Telephone Number	18. Signed _____ Title Treasurer On <u>1 / 1</u> 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). Employer Facilities Solution Group, Industries Trade Name FSG, Industries Attention To Eric Hellinger Title Director Human Resources	Mailing Address: P.O. Box, Building and Room Number, if any Street 4401 Westgate Blvd, Ste 310 City Austin State Texas ZIP Code + 4 78745
5.b. Termination Date 12/30/2015	5.c. Amount \$2312.20
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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<input type="text"/>

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: <input style="width: 90%;" type="text"/>	15.b. Trade Name, If any: <input style="width: 90%;" type="text"/>	
15.c. To Whom Paid Name <input style="width: 60%;" type="text"/> <input style="width: 5%;" type="checkbox"/> <input style="width: 35%;" type="text"/> Title <input style="width: 90%;" type="text"/> Organization <input style="width: 90%;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 60%;" type="text"/> State Washington ZIP Code + 4 <input style="width: 20%;" type="text"/>	15.d. Amount <input style="width: 60%;" type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
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). Employer Trinity Industries Trade Name Trinity Marines Attention To Tom Faherty Title Vice President	Mailing Address: P.O. Box, Building and Room Number, if any Street 150 LA21 City Madisionville State Louisiana ZIP Code + 4 70447
5.b. Termination Date 04/16/2015	
5.c. Amount \$36,769.50	
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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<input type="text"/>

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: <input style="width: 90%;" type="text"/>	15.b. Trade Name, If any: <input style="width: 90%;" type="text"/>
15.c. To Whom Paid Name <input style="width: 40%;" type="text"/> <input style="width: 10%; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 50%;" type="text"/> Title <input style="width: 90%;" type="text"/> Organization <input style="width: 90%;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 40%;" type="text"/> State Washington ZIP Code + 4 <input style="width: 20%;" type="text"/>	15.d. Amount <input style="width: 40%;" type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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). Employer Tyco, Simplex Grinnell Trade Name Simplex Grinnell Attention To Anthony Alfano Title Facilities Manager	Mailing Address: P.O. Box, Building and Room Number, if any Street 4700 Exchange Court Ste 300 City Boca Raton 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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>
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: <input style="width: 90%;" type="text"/>	15.b. Trade Name, if any: <input style="width: 90%;" type="text"/>	
15.c. To Whom Paid Name <input style="width: 60%;" type="text"/> <input style="width: 5%;" type="checkbox"/> <input style="width: 35%;" type="text"/> Title <input style="width: 90%;" type="text"/> Organization <input style="width: 90%;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 60%;" type="text"/> State Washington ZIP Code + 4 <input style="width: 20%;" type="text"/>	15.d. Amount <input style="width: 60%;" type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		