Office Calcabor-Management Standards Washington, DC 20210

TUNIVI LIVITZI

RECEIPTS AND DISBURSEMENTS REPORT

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 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)

547 189



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1 . File Number C- 662 | 2. Period Covered By This Report | Month/Day/Year (min/dd/yyyy) | | Month/Day/Year (mm/dd/yyy)) | |
|--|--|--|---------------------------------|--|----------------|
| | Erom: | 01 / 31 / 2013 | Through: | 12 / 31 | |
| | | | | | |
| A. Person Filing | | | | | |
| 3. Name and mailing address (include ZIP Code): | 4. Any other address | where records necessa | rv to verify i | his renort are | irent: |
| Name Ken Cannon | | | | | Zobri |
| Title Owner | | | | | هيو آء غالو |
| Organization Cannon Labor Relations, LLC | | | | | |
| Street 2207 Ballantrae Dr. City Colleyville State Texas | Street | and Room Number, if a | , | | are period |
| Signa | tures | | <u>_</u> | 2 | |
| Each of the undersigned declares, under penalty of penuity and other applicable penaltic information contained in any accompanying documents) has been examined by the correct, and complete. See the Section on penalties in the instructions). | s of law, that all of the in signatory and is, to the | nformation submitted in this best of the undersigned | s report (incli 's knowledge | iding the and belief, to | ue, |
| 17. Signed Annum President Title Sole Proprietor. (if other title, see instructions) | 18. SignedTitle Treas | urer | | Treasurer (If other title, instructions) | see |
| On Date Telephone Number | On / / | Telephone | | | |

| Name of Person Filing: | _ | _ | | File Number C- | <u> </u> |
|--|--------------------------|---------------|---|-------------------------------|---|
| B. Statement of Receipts Report all receipts from employers in conr or services. | nection wi | ith labor rei | ations advice or servi | ces regardless of the рип | poses of the advice |
| 5.a. Name and Address of Employer (including trade name, if any). Employer Curtiss Wright | | P.O. Bo | Mailing Address: ox, Building and Room | Number, if any | r kuluma r |
| Trade Name | | Street | | | |
| Attention To Blaine Salvador | | City | Pittsburgh | | |
| Title Vice President Operations | | State | | ZÎP Ĉoc | de + 4 74013 , |
| 15.b. Termination Date 4/8/2013 | • | 5.c. Am | ount 5866:98 | <u> </u> | |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS | | | | | |
| l | | | | | |
| | by the rep penses (d) | • | nization in connection | n with labor relations advice | ce or services rendered. |
| Ken Cannon 4500:00 136 | 56.98 | | 9. Office and Ac | Iministrative Expenses | 100 Jones 1 12 12 |
| | | | 10. Publicity | | 3 8 |
| | | | 11 Fees for Pro | fessional Services | EN COMPANY |
| | | | 12. Loans Made | | - 1 - D - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | | | 13. Other Disbur | sements | artial sale |
| 8. Total disbursements to officers and employees: | | | 14." Total Disburse | ments (Sum of Items 8-13) | |
| | s Schedu lions. | le to report | only disbursements i | made for the purposes de | scribed in Part D of the |
| 15.a. Employer Name: | <u>.</u> خ : | | ade Name, If any: | | |
| 15.c. To Whom Paid | | 15.d. Am | ount | 4 V | |
| Name | | exerc | e, to communica ising their ri | te to employees | regarding, and bargain |
| Organization P.O. Box; Building and Room Number; if any Street | | | ctively. | | |
| The state of the s | | | | しんき ちゃん けんぞく | |

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 or services. | labor relations advice or services regardless of the purposes of the advice |
| 5.a. Name and Address of Employer (including trade name; if any). | Mailing Address: |
| Employer RTI Alloy Canton | P.O. Box, Building and Room Number, if any |
| Trade Name | Street 1000 Warner Rd |
| Attention To Blaine Salvador | City Niles |
| Title Vice President Operations | State Ohio ZIP Code + 4 44446 |
| 25.b. Termination Date 111/14/2013 | 5.c. Amount 12;236. |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS | |

| C. Statement of Disbursements Report all control to the employee | lisbursements made by the reporting | ng organization in connection with labor relations advice | or services rendered |
|--|--|---|----------------------|
| Disbursements to Officers and Employees: (a) Name | (b) Salary (c) Expenses (d) Total | ús | |
| Ken Cannon | 8250 3986 | 9. Office and Administrative Expenses | 3. 7. 5° 1. 100 |
| | State Committee of the | 10. Publicity | |
| The second secon | | 11. Fees for Professional Services | |
| | The state of the s | 12. Loans Made | |
| | | 13. Other Disbursements | |
| 8. Total disbursements to officers and employees | : | 14. Total Disbursements (Sum of Items 8-13) | <u> </u> |

| 15.a. Employer Name: | 15.b. Trade Name, If any: |
|--|--|
| The state of the state of the state of | |
| 15.c. To Whom Paid | 15.d: Amount |
| Name: And the state of the stat | 15.e. Purpose |
| Title | Engage to communicate to employees regarding exercising their rights to organize and bargain |
| Organization | collectively. |
| P.O. Box, Building and Room Number, if any | |
| Street: | |
| City of the Control of the City of the Cit | |
| State Other | |

| Name of Person Filing: | | <u> </u> | | | File Number C- | |
|---|--|--|--------------------|-------------------------------------|--|---|
| B. Statement of Receipts Report all receipts reservices. | eipts from employers | s in connection | n with labor relat | ons advice or service | es regardless of the pur | poses of the advice |
| 5.a. Name and Address of Employer (including | | | | Mailing Address: | | |
| Employer McConway and Torl | | | P.O. Box | Building and Room | Number, if any | |
| Trade Name Trinity Industi | ies . | | Street | 109 48th St | • . | • " |
| Attention To Scott | Mautino | | | | | |
| Title President | | • | City | Pittsburgh | | |
| ude Varobizaciii | | | State | Pennsylvania | ZIP Co | de + 4 15201 |
| 5.b. Termination Date 8/9/2013 | al e | -: | 5.c. Amou | nt 34 13 | | |
| 6! TOTAL RECEIPTS FROM ALL EMPLO | YERS | | | 1,00 | 1,50 | |
| | | | | | <u> </u> | |
| C. Statement of Disbursements Repo | عند مال (المالية عند المالية عند المالية المالية المالية عند المالية عند المالية عند المالية المالية المالية ا | | | · - · - · · | | |
| to the | e employers listed in | Part B. | reporting organiz | ration in connection | with labor relations advi | ce or services rendered |
| 7. Disbursements to Officers and Employees: (a) Name | (b) Salary | (c) Expenses | (d) Tabili | | | |
| Cannon Cannon | 14,625 | | (d) rotals | A 0' OF | 21 00 0 | · |
| | | - | JI, OHI | 10. Publicity | ninistrative Expenses | · · · · · · · · · · · · · · · · · · · |
| | - . | | | 11. Fees for Profe | | |
| | | | | 12. Loans Made | SSIONAL Services | |
| | | | | 13. Other Disburs | | |
| | | <u> </u> | | Lab. Other pispins | ements | 1, |
| . Total disbursements to officers and emple | oyees: | | | 14 Total Disk | | 821 6 - 0 |
| Total disbursements to officers and emplo | oyees: | | - | 14. Total Disbursen | ents (Sum of Items 8-13) | 34,032.50 |
| | · · · · · · · · · · · · · · · · · · · | | | 14. Total Disbursen | ents (Sum of Items 8-13) | 34,032.50 |
| | 6. 04. | Use this Sche | dule to report on | | | 10101010 |
|). Schedule of Disbursements for Report | 6. 04. | Use this Sche instructions. | | ly, disbursements m | ents (Sum of Items 8-13) ade for the purposes de | 10101010 |
|). Schedule of Disbursements for Report | 6. 04. | Use this Sche instructions. | | | | 10101010 |
| Schedule of Disbursements for Report 5.a. Employer Name: | 6. 04. | Use this Sche instructions. | 15.b. Trade | ly disbursements m Name, if any: | | 10101010 |
| Schedule of Disbursements for Report Employer Name: C. To Whom Paid | 6. 04. | Use this Sche instructions. | | ly disbursements m Name, if any: | | 10101010 |
| 5.a. Employer Name: 5.c. To Whom Paid Name | 6. 04. | Use this Sche instructions. | 15.b. Trade | ly disbursements m Name, if any: | | 1010100 |
| 5.a. Employer Name: 5.c. To Whom Paid Name Title | 6. 04. | Use this Sche instructions. | 15.b. Trade | ly disbursements m Name, if any: | | 1010100 |
| 5.a. Employer Name: 5.c. To Whom Paid Name | 6. 04. | Use this Sche instructions. | 15.b. Trade | ly disbursements m Name, if any: | | 1010100 |
| 5.a. Employer Name: 5.c. To Whom Paid Name Title | table Activity | Use this Sche instructions. | 15.b. Trade | ly disbursements m Name, if any: | | 1010100 |
| 5.a. Employer Name: 5.c. To Whom Paid Name Title | table Activity | Use this Sche instructions. | 15.b. Trade | ly disbursements m Name, if any: | | 1010100 |
| 5.a. Employer Name: 5.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if | table Activity | Use this Sche instructions. | 15.b. Trade | ly disbursements m Name, if any: | | 1010100 |
| 5.a. Employer Name: 5.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if | table Activity | Use this Sche instructions. | 15.b. Trade | ly disbursements m Name, if any: | | 10101010 |
| Organization P.O. Box, Building and Room Number, if | table Activity | Use this Sche instructions. | 15.b. Trade | ly disbursements m Name, if any: | | 10101010 |

| (F. 10) Francisco | | ; | | | | |
|--|---|------------------|--|------------------------|-------------------------|-------------------------------|
| Name of Person Filing: | | · | | | File Number C- | - |
| | Cognic and Communication | | | | | |
| B. Statement of Receipts Report all receipts fro on services. | m employers i | in connection wi | th labor rela | itions advice or servi | ces regardless of the | purposes of the advice |
| 5.a. Name and Address of Employer (including trade r | name, if any). | | · . | Mailing Address: | | |
| Employer AIM | AIM | | P.O. Box, Building and Room Number, if any | | | |
| Trade Name, LRI | • | • | Street 7850 Scouth Elm Place | | | |
| | 'eutz | | City Broken Arrow | | | |
| ~ | | | | | | |
| Title President | | | State | Oklahoma | ZIP | Code + 4 74013 |
| 5.b. Termination Date 7/14/2013 | <u> </u> | | 5.c. Amo | ount 39,359 | | |
| 6 TOTAL RECEIPTS FROM ALL EMPLOYERS | | | | | | |
| | | | | | | <u> </u> |
| | | | | | | |
| C. Statement of Disbursements Report all d | lisbursements oyers listed in | made by the rer | porting organ | nization in connection | n with labor relations. | advice or services rendered |
| 7. Disbursements to Officers and Employees: | yers used in | raito. | | * •= | - | |
| (a) Name | (b) Salary | (c) Expenses (d) | Totals | | | _ |
| Ken Cannon | 29,3 <u>2</u> 5 | 0,039.02 | | 9. Office and Ac | dministrative Expense | ıs |
| | ļ · | ,• | | 10. Publicity | | |
| | <u> </u> | <u> </u> | | | fessional Services | |
| | <u> </u> | <u> </u> | · | 12. Loans Made | | |
| | <u> </u> | | | 13. Other Disbur | | |
| 8. Total disbursements to officers and employees | <u>., </u> | | | 14. Total Disburse | ements (Sum of Items 8 | 3-13) |
| | | | | | - | - |
| D. Schedule of Disbursements for Reportable | | Use this Schedu | ile to report | only disbursements i | made for the purpose | es described in Part D of the |
| 15 a. Employer Name: | | | 15.b. Tra | de Name, if any: | | |
| | | | 1 | | | |
| 15.c. To Whom Paid | | | 15.d. Amount | | | |
| Name _. | | • | | | | |
| Title | , | | 15.e. Pun | pose | | |
| Organization - | | | _ | | | |
| To the William Control of the Contro | | | | | | |
| P.O. Box, Building and Room Number, if any | | | | | | |
| and the state of t | | • • | | - | | |
| Street | | | | | | , |
| City | | • | | | | |
| State Other ZI | P Code + 4 | | | | | · . |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

| Name of Person Filing: | | <u> </u> | |
|--|--|--------------------------|--|
| Name of Person Fung: | File Number C- | | |
| B. Statement of Receipts Report all receipts from employers in connection with or services. | th labor relations advice or services regardless of the purp | oses of the advice | |
| 5.a. Name and Address of Employer (including trade name, if any). Employer Toll Global Forwarding | Mailing Address: P.O. Box, Building and Room Number, if any | સ જ મ | |
| Trade Name | | | |
| Attention To Rich Nazzaro | | -18 | |
| Title Vice President Operations | City San Pedro State (California :ZIP Cod | e+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 rep to the employers listed in Part B. | porting organization in connection with labor relations advice | æ or services rendered | |
| 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) | Totals | | |
| Ken Cannon 75942 | 9. Office and Administrative Expenses | ** * ** 9 * * | |
| | 10. Publicity | - 25 - 26 25 | |
| | 11 Fees for Professional Services | 100 | |
| The second of th | 12. Loans Made | 11. 190 | |
| a same a | 13. Other Disbursements | - B. J. W. S. | |
| 8. Total disbursements to officers and employees: | 14. Total Disbursements (Sum of Items 8-13) | 1 | |
| D. Schedule of Disbursements for Reportable Activity Use this Schedu | le to report only disbursements made for the purposes de | scribed 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 | Engage to communicate to employees | regarding and bargain | |
| P.O. Box, Building and Room Number, if any | | | |
| | | | |
| Street Transfer of the state of | | | |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY