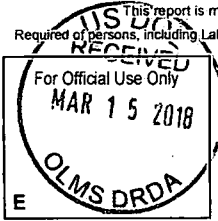


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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

665321

1. File Number C- 00662	2. Period Covered By This Report From: 01/01/2017 Through: 12/30/2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Kenneth 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 Jennifer Sweeny Title Attorney Organization Dowewll-Phan-Harrison, LLP P.O. Box, Building and Room Number, if any Street 505 Peacon St. Tindall Sq. 2 City Forth Worth State Texas ZIP Code + 4 75261

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 Kenneth Cannon Title Sole Proprietor On 03/15/2018 Date Telephone Number	President (if other title, see instructions) 18. Signed T Title T On 03/15/2018 Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: <u>Kenneth Cannon</u>	File Number C- <u>662</u>
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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).		Mailing Address:	
Employer	<u>Mark Elsea</u>	P.O. Box, Building, and Room Number, if any	
Trade Name	<u>Pinnacle Logistics</u>	Street	<u>1639 W. 23rd St</u>
Attention To	<u>Mark</u> <input type="checkbox"/> <u>Elsea</u>	City	<u>Fort Worth</u>
Title	<u>Chief Operations Officer</u>	State	<u>Texas</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>75261</u>
5.b. Termination Date <u>Open</u>		5.c. Amount <u>\$0.00</u>	
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9. Office and Administrative Expenses <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		10. Publicity <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11. Fees for Professional Services <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		12. Loans Made <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		13. Other Disbursements <input type="checkbox"/>
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: <u>Pinnacle Logistics</u>		15.b. Trade Name, if any: <u></u>	
15.c. To Whom Paid		15.d. Amount <u>\$0.00</u>	
Name	<u>Kenneth</u> <input type="checkbox"/> <u>Cannon</u>	15.e. Purpose <u>Engaged to communicate to employees regarding their rights to organize and bargaining collectively or refrain from such all activity.</u>	
Title	<u>Owner</u>		
Organization	<u>Cannon Labor Relations, LLC</u>		
P.O. Box, Building and Room Number, if any <u></u>			
Street	<u>2207 Ballantrae Der</u>		
City	<u>Colleyville</u>		
State	<u>Texas</u> ZIP Code + 4 <u>76034</u>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing:	File Number C-00662
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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).		Mailing Address:	
Employer	Chander Signs	P.O. Box, Building and Room Number, if any	
Trade Name		Street	3201 Manor Way
Attention To	Gary <input type="checkbox"/> Stevens <input type="checkbox"/>	City	Dallas
Title	CEO	State	Pennsylvania Texas ZIP Code: + 4 76034
5.b. Termination Date		5.c. Amount	
07/26/2017			
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	
				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:	
Gary Stevens		Chandler Signs	
15.c. To Whom Paid		15.d. Amount	
Name	Kenneth <input type="checkbox"/> Cannon <input type="checkbox"/>	\$4080.59	
Title	Owner	15.e. Purpose	
Organization	Cannon Labor Relations, LLC	Persuade all hourly remployees to excercise their rights to vote in an election should a petition be filed by IBEW Local 20. No petition was filed.	
P.O. Box, Building and Room Number, if any			
Street	2207 Ballantrae Der		
City	Colleyville		
State	Texas	ZIP Code + 4	76034
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing:	File Number C- 00662
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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).		Mailing Address:	
Employer	Arconic Power and Propulsion	P.O. Box, Building and Room Number, if any	
Trade Name		Street	201 Isabella St
Attention To	Scott <input type="checkbox"/> Dietrich <input type="checkbox"/>	City	Pittsburgh
Title	Attorney	State	Pennsylvania ZIP Code + 4 15212
5.b. Termination Date 07/10/2017		5.c. Amount	
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	
				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: Arconic Power and Propulsion	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount \$ 29,572.42
Name Kenneth <input type="checkbox"/> Cannon <input type="checkbox"/>	15.e. Purpose Engaged to communicate to employees regarding their rights to organize and bargaining collectively or refrain from such all activity.
Title Owner	
Organization Cannon Labor Relations, LLC	
P.O. Box, Building and Room Number, if any	
Street 2207 Ballantrae Der	
City Colleyville	
State Texas ZIP Code + 4 76034	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	