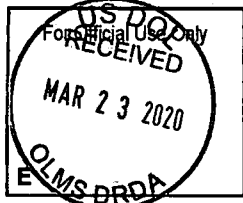


# RECEIPTS AND DISBURSEMENTS REPORT

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



727429

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)
		01/01/2019		12/31/2019

2019

31 2019

## 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

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

18. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title T

On 3/16/2020 Date 972-670-6159 Telephone Number

On \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number

Correction: 3/16/2020

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 JSW Steel Inc

Trade Name JSW Steel USA Ohio, Inc

Street 1500 Commercial Ave

Attention To Karen

Renz

City Mingo Junction

Title

State Ohio ZIP Code + 4 43939

5.b. Termination Date 07/20/2020

5.c. Amount \$31,641

**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:****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-

**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 **Arconic Power and Propulsion**

Trade Name

Street

**1110 E. Lincolnway**

Attention To

**Scott****Dietrich, Esq.**

City

**Pittsburgh**

Title

**General Counsel**

State

**Pennsylvania**

ZIP Code + 4

**46350**

5.b. Termination Date

**6/17/2019**

5.c. Amount

**\$38,119****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:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

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

Street

City

State **Washington**

ZIP Code + 4

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 **Farwest Steel Corporation**

Trade Name

Street

Attention To

**Pat****Bagaen**

City

Title

**CEO**

State

**Oregon**ZIP Code + 4 **97403****5.b. Termination Date** **09/05/2019****5.c. Amount** **\$25,235****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:****15.c. To Whom Paid****15.d. Amount**

Name

Title

Organization

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

Street

City

State **Washington**

ZIP Code + 4

**15.e. Purpose****16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**