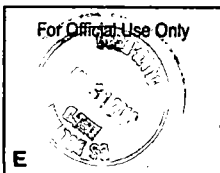


# FORM LM-21

## 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. 88-257, 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

427356

1. File Number C- <u>662</u>	2. Period Covered By This Report From: <u>8/17/2009</u> Through: <u>10/21/2009</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Kenneth E Cannon</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Owner</u>	Name
Organization <u>Cannon, Labor Relations Consulting, LLC</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>2207 Ballantrae Dr</u>	P.O. Box, Building and Room Number, if any
City <u>Colleyville</u>	Street
State <u>Texas</u> ZIP Code + 4 <u>76034</u>	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 <u>President</u> On <u>03/23/2010</u> Date <u>972-670-6159</u> Telephone Number	President (If other title, see instructions)	18. Signed <u>Kenneth E Cannon</u> Title <u>Treasurer</u> On <u>03/23/2010</u> Date <u>972-670-6159</u> Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Kenneth Cannon	File Number C-
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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).

Employer <input type="text" value="Siemens, LDA"/>	Mailing Address: P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text" value="Winergy &amp; flender"/>	Street <input type="text" value="1401 Madeline Lane"/>
Attention To <input type="text" value="Aarnout"/> <input type="text" value="Kant"/>	City <input type="text" value="Elgin"/>
Title <input type="text" value="Business Unit Manager"/>	State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60124"/>

5.b. Termination Date  5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 62,500

**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	
<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"/>	10. Publicity
<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"/>	12. Loans Made
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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: <input type="text"/>	15.b. Trade Name, if any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	