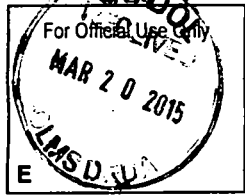


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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 filers include 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

581798

1. File Number C- 00662	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2014		12 / 30 / 2014

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 	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title Sole Proprietor		Title Treasurer	
On 01 / 20 / 2014	972 670 6159	On <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Date	Telephone Number	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 RTI Trade Name Attention To Blaine Salvador Title President	Mailing Address: P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street 1550 Marietta Avenue Southwest City Canton State Ohio <div style="border: 1px solid black; width: 100px; height: 15px;"></div> ZIP Code + 4 44707
5.b. Termination Date	5.c. Amount \$48,138.00
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		
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		9. Office and Administrative Expenses <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		10. Publicity <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		11. Fees for Professional Services <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		12. Loans Made <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		13. Other Disbursements <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13) <div style="border: 1px solid black; width: 100px; height: 15px;"></div>

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: RTI	15.b. Trade Name, if any:
15.c. To Whom Paid Name Kenneth Cannon Title Owner Organization Cannon Labor Relations, LLC P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street 2207 Ballantrae dr City Colleyville State Texas <div style="border: 1px solid black; width: 100px; height: 15px;"></div> ZIP Code + 4 76034	15.d. Amount \$48,138.00 15.e. Purpose Engaged to communicate to employees regarding exercising there rights to organize and bargain collectively.
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 McConway & Torley Trade Name Trinity Industries Attention To Pat Wallace Title President	Mailing Address: P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street 2525 Stemmons Fwy City Dallas State Texas ZIP Code + 4 75207
5.b. Termination Date	5.c. Amount \$131,781.00 132,253.99
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		
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		9. Office and Administrative Expenses
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		10. Publicity
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		11. Fees for Professional Services
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		12. Loans Made
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>		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: McConway & Torley	15.b. Trade Name, If any: Trinity Industries	
15.c. To Whom Paid Name Kenneth Cannon Title Owner Organization Cannon Labor Relations, LLC P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; width: 100%;"></div> Street 2207 Ballantrae dr City Colleyville State Texas ZIP Code + 4 76034	15.d. Amount \$131,781.00 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
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 Toll Global Forwarding

Trade Name

Street 800 Federal Blvd

Attention To Joe

DeSaye

City Carteret

Title President

State New Jersey ZIP Code + 4 07008

5.b. Termination Date

5.c. Amount \$58,131.00

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

					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:

Toll Global Forwarding

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Kenneth Cannon

Title Owner

Organization Cannon Labor Relations, LLC

15.d. Amount \$58,131.00

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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

Street 2207 Ballantrae dr

City Colleyville

State Texas ZIP Code + 4 76034

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 M2

Trade Name

Street 5900 L. Lake Forest Blvd

Attention To Mike

Moreno

City McKinney

Title Owner

State Texas ZIP Code + 4 75070

5.b. Termination Date

5.c. Amount \$18,342.00

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

					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:

M2

15.b. Trade Name, If any:

15.c. To Whom Paid

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

15.d. Amount \$18,342.00

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 Oracle Packaging Trade Name <input style="width: 300px;" type="text"/> Attention To Jim Squatrito Title President	Mailing Address: P.O. Box, Building and Room Number, if any <input style="width: 340px;" type="text"/> Street 220 Polo Road City Winston-Salem State North Carolina <input style="width: 100px;" type="text"/> ZIP Code + 4 27105
5.b. Termination Date	5.c. Amount \$23,175.00
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 style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		9. Office and Administrative Expenses <input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		10. Publicity <input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		11. Fees for Professional Services <input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		12. Loans Made <input style="width: 100px;" type="text"/>
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		13. Other Disbursements <input style="width: 100px;" type="text"/>
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13) <input style="width: 100px;" 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: Oracle Packaging	15.b. Trade Name, If any: <input style="width: 300px;" type="text"/>
15.c. To Whom Paid Name Kenneth Cannon Title Owner Organization Cannon Labor Relations, LLC P.O. Box, Building and Room Number, if any <input style="width: 330px;" type="text"/> Street 2207 Ballantrae dr City Colleyville State Texas <input style="width: 100px;" type="text"/> ZIP Code + 4 76034	15.d. Amount \$23,175.00 15.e. Purpose Engaged to communicate to employees regarding exercising there rights to organize and bargain collectively.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	