U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

Month/Day/Year

(mm/dd/yyyy)

31 / 2010

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

By This Report From:

Month/Day/Year (mm/dd/yyyy)

01 / 2010

Through:

E SE		
(453217	
1 . File Number C- 662		2. Period Covered

A. Person Filing			
3. Name and mailing address (incl	ude ZIP Code):	4. Any other address when	e records necessary to verify this report are kept:
Name Kenneth	E Cannon	Name	
Title Owner		Title	
Organization Cannon Labor	Relation Consulting	Organization	
P.O. Box, Building and Room N	umber, if any	P.O. Box, Building and I	Room Number, if any
Street 2207 Ballantrae	Dr	Street	
City Colleyville		City	
State Texas	ZIP Code + 4 76034	State	ZIP Code + 4
		i i	

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). President 18. Signed Treasurer (if other title, see (If other title, see Title Sole Proprietor Treasurer instructions) Title instructions) 972-670-6159 03 / 20 / 2011 On Telephone Number Telephone Number

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

This report is mandatory under P.L. 68-257, as amended. Pailure to comply may result in criminal prosecution, fines, or civil penaties 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 1869, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

					<u> </u>
I . File Number C-	· · · · · · · · · · · · · · · · · · ·	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		- From.	01/01/ 2010	<u> </u>	12/31/2010
. Person Filing					
Name and mailing address (include ZIP Code):		4. Any other addres	s where records necess	sary to verify the	nis report are kept:
Name Kenneth E Canon		Name			
Title Owner		Title			
Organization Cannon Labor Relation Co	nsulting	Organization			
P.O. Box, Building and Room Number, if any		P.O. Box. Buildin	g and Room Number, it	anv	
Street 2207 Ballantrae Dr	•	Street			
City Colleyville	•••	City			
State Texas ZiP C	ode + 4 76034	State		ZIP Code	+4
		1			•
formation contained in any accompanying documents	ry and other applicable po s) has been examined t	greatures enathing of law, that all of the by the pignatory and is, to U	information submitted in	this report (incl ed's knowledg	uding the e and belief, true,
ach of the undersigned declares, under penalty of perjuit formation contained in any accompanying document orrect, and complete (See the Section on penalties to a Signed Lin (Ranger) Title Sole Proprietor	ry and other applicable po s) has been examined t	enalting of law, that all of the by the signatory and is, to the 18. Signed	information submitted in	this report (incl ed's knowledg	uding the e and belief, true, Treasurer (If other title, see instructions)
formation contained in any accompanying documents prect, and complete (See the Section on penalties in the Sole Proprietor	ry end other explicable p s) has been examined to in the instructions). President (If other title, ese	ensitivity ad law, that all of the by the Fignatory and is, to the 18. Signed	information submitted in the best of the undersign	this report (incl ed's knowledg	e and belief, true, Treasurer (If other title, see
ormation contained in any accompanying document med, and complete See the Section on penalties in the Sole Proprietor	ry end other explicable p s) has been examined to in the instructions). President (If other title, ese	enalting of law, that all of the by the signatory and is, to the signatory and signatory and signatory are signatory and signatory and signatory are signatory and signatory and signatory are signatory are signatory as signatory are signatory are signatory as signatory are signatory as signatory as signatory are signatory as signatory as signatory as signatory are signatory as signatory as signatory as signatory are signatory as	information submitted in the best of the undersign surer	this report (incl ed's knowledg	e and belief, true, Treasurer (If other title, see
ormation contained in any accompanying document rect, and complete (See the Section on penalties in the Sole Proprietor On 1/17/2011	ry end other explicable p s) has been examined to in the instructions). President (If other title, ese	ensiting of law, that all of the by the signatory and is, to the signatory and is, the signatory an	information submitted in the best of the undersign surer	ed's knowledg	e and belief, true, Treasurer (If other title, see instructions)
romation contained in any accompanying documents and complete (See the Section on penalties to the Section on penalties to the Sole Proprietor Title Sole Proprietor Date Telephone Number	ry and other applicable ps) has been examined to the instructions). President (If other title, eee instructions)	enalting all law, that all of the by the signatory and is, to the signatory and is, the signatory and is, to the signatory and is, the signator	information submitted in the best of the undersign surer	ed's knowledg	e and belief, true, Treasurer (If other title, see
ormation contained in any accompanying document mect, and complete See the Section on penalties in the Sole Proprietor Signed Line Sole Proprietor Title Sole Proprietor Date Telephone Number	ry and other applicable ps) has been examined to the instructions). President (if other title, ese instructions)	enalting of law, that all of the by the signatory and is, to the signatory and is, the signatory and is, to the signatory and is, the	information submitted in the best of the undersign surrer Telepho	ed's knowledg	e and belief, true, Treasurer (If other title, see instructions)
ormation contained in any accompanying document mect, and complete (See the Section on penalties in the Sole Proprietor Ol / 17 / 2011 Date Telephone Number	ry and other applicable ps) has been examined to the instructions). President (if other title, ese instructions)	enative at law, that all of the by the signatory and is, to the signatory and is, to the signatory and is, to the Tree Tree Tree On Date Out.	information submitted in the best of the undersign surrer /	ed's knowledg	e and belief, true, Treasurer (If other title, see instructions)
ormation contained in any accompanying document rect, and complete (See the Section on penalties) Signed Annual Signed Annual Title Sole Proprietor Tolephone Number Telephone Number	ry and other applicable ps) has been examined to the instructions). President (if other title, ese instructions)	enalting of law, that all of the by the signatory and is, to the signatory and is, the signatory and is, to the signatory and is, the	information submitted in the best of the undersign surrer Telepho	ne Number	e and belief, true, Treasurer (If other title, see instructions)
ormation contained in any accompanying document mect, and complete (See the Section on penalties in the Sole Proprietor Title Sole Proprietor Date Telephone Number	ry and other applicable ps) has been examined to the instructions). President (if other title, ese instructions)	enalths at law, that all of the by the signatory and is, to the signatory and is, to the signatory and is, to the Tree Tree Tree Tree Tree Tree Tree Tr	information submitted in the best of the undersign surrer Telepho	ne Number	e and belief, true, Treasurer (If other title, see instructions)
formation contained in any accompanying documents prect, and complete (See the Section on penalties). 7. Signed LAN RAMAN Title Sole Proprietor 10	ry and other applicable ps) has been examined to the instructions). President (if other title, ese instructions)	enalths at law, that all of the by the signatory and is, to the signatory and is, to the signatory and is, to the Tree Tree Tree Tree Tree Tree Tree Tr	information submitted in the best of the undersign surrer Telepho	ne Number	e and belief, true, Treasurer (If other title, see instructions)

									
Name of Person F	iling:	Kenneth Canon							
							**		
B. Statement of	Rece	pts Report all receipts f or services.	rom employers ir	CONNEC	tion with	labor relat	ions advice or service	the purpos	es of the advice
5.a. Name and Add	ress c	f Employer (including trade	name, if any).			P.O. Box	Mailing Address: , Building and Room Number,	if any	
Employer T	rin:	ty.Industries T	ower Divisi	on.					
Trade Name						Streat	2525 N. Stemmons Fr	eeway	
Attention To	Pat		Wallace]	City	Dallas		
Title	Pre	sident CEMC				State	Texas	ZIP Code	+4 75207
5.b. Termination	Date	08/13/2010				5.c. Amo	unt 49,500		
6. TOTAL RECEI	PTS	ROM ALL EMPLOYER	\$ 49,500						
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
C. Statement of	Disb	rsements Report al	I disbursements	made by	the rep	orting orga	nization in connection with lab	or relations advice	or services rendered
7 Diahumamarta	o Off		ployers listed in	ran B.				•	
(a) Name	o Oili	cers and Employees:	(b) Salary	(c) Expe	nses (d)	Totals			
							Office and Administrat	tive Expenses	
	j						10. Publicity		
	J						11. Fees for Professional	Services	
							12. Loans Made		
	JL						13. Other Disbursements		
8. Total disburse	nent	to officers and employe	363:				14. Total Disbursements (8	Sum of Items 8-13)	
D. Schedule of i	lsbu	rsements for Reportat	oto Activity	Use this	Schedu	le to report	only diabursements made for	the purposes des	cribed in Part D of the
45 a Completos N				instructi	OINS.	15 h To	ade Name, If any:		
15.a. Employer N	ame					13.0. 11	100 Haine, it city.		
						-		.,	
15.c. To Whom F	aid					15.d. An	nount		
Name						15.e. Pu	rpose	, , , , , , , , , , , , , , , , , , , 	
Title [
Organization						7]]			
	 -					-			
P.O. Box, Buil	ding	and Room Number, if a	ny	 1	• ,		X.2		

Street		. "	<u> </u>	:	DISE	HIRS	EWEN	ä	i de Maria
City									£ 2, 8, 9
State Wash	ngt	on	ZIP Code + 4 [][
16. TOTAL DISE	URS	MENTS FOR ALL REF	PORTABLE ACT	VITY					

THU

Form LM-21 (2003)

Page 2 of 2