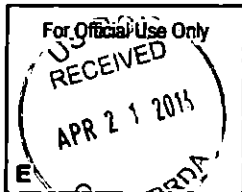


FORM LM-21  
**RECEIPTS AND DISBURSEMENTS REPORT**

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 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**

554729

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 / 2013		12 / 30 / 2013

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Kenneth Cannon
Title	Owner
Organization	Cannon Labor Consulting, 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 <u>Kenneth Cannon</u>	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title	Sole Proprietor	Title	Treasurer
On	04 / 14 / 2014	On	/ /
Date	972-670-6159	Date	
	Telephone Number		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).

Mailing Address:

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

Employer RTI Alloys

Trade Name RMI Titanium Company

Street 1935 Warner Rd. SE

Attention To Blaine Salvador

City Canton

Title VP Operations

State Ohio

ZIP Code + 4 44707

5.b. Termination Date

5.c. Amount \$11,515

**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

15.e. Purpose

Name

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**

Amended LM21 Report file #: 00662  
RTI Alloy

Please find attached an amended LM 21 Report for Cannon Labor Relation Consulting, LLC for year ending 2013. There was an error in the amount of expenses reported in the earlier report of \$145. Also, the reported expense of \$766 will be reported in the 2014 LM 21 Report for Cannon Labor Relations Consulting,

LLC

  
04/14/2014