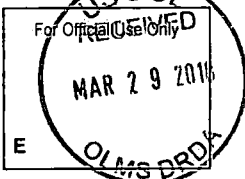


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

lm-21 ☐ W ☒ X ☐ QA

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

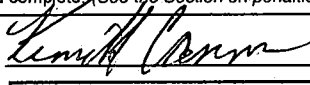
670381

1. File Number C: 00662	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2017	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 30 / 2017
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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 <input type="checkbox"/> Title Plant Manager Organization ArConic San Antonio Bill Products P.O. Box, Building and Room Number, if any Street 14555 Old Corpus Christi Rd City Elmendorf State Texas ZIP Code + 4 78112

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  Title Sole Proprietor On 03 / 18 / 2018 Date 972-670-6159 Telephone Number	18. Signed _____ Title Other (Specify) _____ On ____ / ____ / ____ Date ____ Telephone Number
President (if other title, see instructions)	Treasurer (if other title, see instructions)

Sign/Print

Submit to OLMS

Code Tester

Reset

Spawn List

Name of Person Filing:	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 Arconic Trade Name Attention To Scott Dietrich, Esq. Title Attorney	Mailing Address: P.O. Box, Building and Room Number, if any Street 201 Isabella st. at 7th St. Bridge City Pittsburgh State Pennsylvania ZIP Code + 4 15212
5.b. Termination Date 10/06/2017	5.c. Amount
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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	