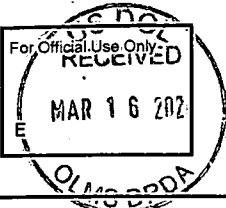


**FORM LM-21**  
**RECEIPTS AND DISBURSEMENTS REPORT**

Form Approved  
Office of Management and Budget

No: 1245-0003  
Expires: 09/30/2021

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

720649

1. File Number: C- 662	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01/01/2020- 2019	Through:	Month/Day/Year (mm/dd/yyyy) 12/31/2020- 2019
------------------------	--	--	----------	--

**A. Person Filing**

3. Name and mailing address (include ZIP code):

Name: KENNETH E CANNON

Title: Owner

Organization: CANNON LABORS RELATIONS, LLC

P.O. Box, Bldg., Room No., if any:

Street: 2207 BALLANTRAE DR.

City: COLLEYVILLE State: TX ZIP: 76034

4. Any other address where records necessary to verify this report are kept:

Name:

Title:

Organization:

P.O. Box, Bldg., Room No., if any:

Street:

City: State: TX ZIP:

**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 Section VII on penalties in the instructions.)

17. SIGNED:

Sole Proprietor

(If other title, see instructions)

Date:

02/14/2020

Telephone Number:

972-670-6159

18. SIGNED:

TREASURER

(If other title, see instructions)

Date:

Telephone Number:

**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.

C-662

5.a. Name and Address of Employer (include trade name if any).

Employer:

Farwest Steel Corporation

Trade Name :

Attention To :

Patrick Eagen

Title :

CEO

Mailing Address:.

P.O. Box, Bldg., Room No., if any:

Street: 2000 Henderson Ave.

City:

Eugene

State: OR

ZIP:

97403

5.b. Termination Date :

09/05/2019

5.c. Amount :

☐

Non-Cash Payment:

Type of Payment:

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: \$0113,330

**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.

C 662

5.a. Name and Address of Employer (include trade name if any).

Employer:

Arconic Power and Propulsion

Trade Name :

Attention To :

Scott Dietrich, Esq

Title :

OGC

Mailing Address:

P.O. Box, Bldg., Room No., if any:

Street: 1110 E. Lincolnway.

City:

Pittsburgh

State: PA

ZIP:

46350

5.b. Termination Date :

6/17/2019

5.c. Amount :

☐ Non-Cash Payment:

Type of Payment:

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: \$0113,330

**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.

C-662

5.a. Name and Address of Employer (include trade name if any).

Employer:

JSW Steel Inc

Trade Name :

JSW Steel USA Ohio Inc

Attention To :

Karen Renz

Title :

OGC

Mailing Address:.

P.O. Box, Bldg., Room No., if any:

Street: 1500 Commercial Ave

City:

Mingo Junction

State: OH

ZIP:

43939

5.b. Termination Date :

7/20/2019

5.c. Amount :

☐

Non-Cash Payment:

Type of Payment:

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: \$0113,330