Office of Labor-Management

Standards
Washington, DC 20210

RECEIPTS AND DISBURSEMENTS REPORT

Office of Management and Budget No. 1245-0003 Expires: 08-31-2016

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 the resonant 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 Month/Day/Year Month/Day/Year (mm/dd/yyyy) (mm/dd/yyyy)	
	From: 01 / 01 / 2014 Through: 12 / 30 / 2014	
A. Person Filing		
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:	
Name Kenneth Cannon	Name	
Title Owner	Title	
Organization Cannon Labor Relations, LLC	Organization	
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any	
Street 2207 Ballantrae Dr	Street	
City Colleyville	City	
State Texas ZIP Code + 4 76034	State ZIP Code + 4	
	,	
Signa	tures	
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 Ten President	18. Signed Treasurer (If other title, see	
Title Sole Proprietor (if other title, see instructions)	Title Treasurer instructions)	
On 01 / 20 / 2014 972 670 6159	On//	
, A -A Date Telephone Number	Date Telephone Number	
L		

Name of Person Filing:	File Number C-	
<u></u>		
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purpos	ses of the advice
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:		
Employer DMT	P.O. Box, Building and Room Number, if any	
Employer RTI	L	
Trade Name	Street 1550 Marietta Avenue Southwest	
Attention To Blaine Salvador	City Canton	
Title President	State Ohio ZIP Code	+4 44707
5.b. Termination Date	5.c. Amount \$48,138.00	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		<u> </u>
	<u></u>	
	orting 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) 1	otals	
	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 Schedul instructions.	e to report only disbursements made for the purposes des	cribed in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:	
RTI		
15.c. To Whom Paid	15.d. Amount \$48,138.00	
Name Kenneth Cannon	15.e. Purpose	
Title Owner	Engaged to communicate to employees	
Organization Cannon Labor Relations, LLC	excercising there rights to organize collectively.	and bargain
Organization dumon habor keracrons, habe	-	
DO Bay Building and Base Number if any		
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 McConway & Torley			
Trade Name Trinity Industries	Street 2525 Stemmons Fwy		
Attention To Pat Wallace	City Dallas		
Title President	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 report to the employers listed in Part B.	ting organization in connection with labor relations advice or services rendered		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	atals		
	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 instructions.	to report only disbursements made for the purposes described in Part D of the		
15.a. Employer Name:	15.b. Trade Name, If any:		
McConway & Torley	Trinity Industries		
15.c. To Whom Paid	15.d. Amount \$131,781.00		
Name Kenneth Cannon	15.e. Purpose		
Title Owner	Engaged to communicate to employees regarding		
Organization Cannon Labor Relations, LLC	excercising there rights to organize and bargain collectively.		
Organization Cannon Labor Relations, Libe			
P.O. Box, Building and Room Number, if any			
Street 2207 Ballantrae dr			
City Colleyville			
State Texas ZIP Code + 4 76034			
AC TOTAL DISPURSEMENTS FOR ALL PEROPTARIES ACTIVITY	<u> </u>		

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		Mailing Add	ress: I Room Number, if any	
Employer Toll Global Forwarding		Street 800 Fede	mal Divid	
Trade Name				
Attention To Joe DeSa	aye	City Carteret		
Title President		State New Jers	ey ZIP Code	+4 07008
5.b. Termination Date		5.c. Amount \$58,1	31.00	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				}
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	ursements made by the reporters listed in Part B.	ting organization in co	nnection with labor relations advice	e or services rendered
7. Disbursements to Officers and Employees: (a) Name (b)	o) Salary (c) Expenses (d) To	otals		
			e and Administrative Expenses	
		10. Publ	icity	
		11. Fees	for Professional Services	
		12. Loan	s Made	
		13. Othe	r 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:	
Toll Global Forwarding				
15.c. To Whom Paid		15.d. Amount \$58,	131.00	. !
Name Kenneth Canno	n	15.e. Purpose		
Title Owner		Engaged to communicate to employees regarding excercising there rights to organize and bargain		
Organization Cannon Labor Relations,	LLC	collectively.		
P.O. Box, Building and Room Number, if any				
Street 2207 Ballantrae dr		}		
City Colleyville				
·	Code + 4 76034			
16. TOTAL DISBURSEMENTS FOR ALL REPORTA		1		
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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 M2 Trade Name Attention To Mike Moreno State Texas JIP 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 isted in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals (d) P. D. Box Subding and Room Number, if any 1. Learn Made 1. Lea					
Sa Name and Address of Employer (including trade name, if any). Employer M2 Trade Name Attention To Mike Moreno Title Owner State State Texas ZIP Code + 4 75070 State Texas ZIP Code + 4 75070 State 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. 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. C. Statement for 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. D. Soldary (c) Expenses (d) Totals 10. Publicity 11. Fees for Professional Services 11. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements The Owner Organization Cannon Labor Relations, LLC P.O. Box, Building and Room Number, if any 15.d. Amount \$18, 342.00 15.e. Purpose Employee regarding excercising there rights to organize and bargain collectively.					
Employer M2 Trade Name Attention To Mike Moreno Attention To Mike Moreno Attention To Mike Moreno 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 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 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 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. To Whom Paid Name Kenneth Cannon Title Owner Organization Cannon Labor Relations, LLC					
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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 isted in Part B. 7. Disbursements to Officers and Employees: (b) Salary (c) Expenses (d) Totals (e) Name (b) Officers and Employees: (e) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) D. Schedule of 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.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					
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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	8. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)				
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15.c. To Whom Paid Name Kenneth Cannon Title Owner Organization Cannon Labor Relations, LLC P.O. Box, Building and Room Number, if any	15.a. Employer Name: 15.b. Trade Name, If any:				
Name Kenneth Cannon Title Owner Organization Cannon Labor Relations, LLC P.O. Box, Building and Room Number, if any	M2				
Title Owner Organization Cannon Labor Relations, LLC P.O. Box, Building and Room Number, if any	15.c. To Whom Paid 15.d. Amount \$18,342.00				
Title Owner Organization Cannon Labor Relations, LLC P.O. Box, Building and Room Number, if any Engaged to communicate to employees regarding excercising there rights to organize and bargain collectively.					
Organization Cannon Labor Relations, LLC collectively. P.O. Box, Building and Room Number, if any	Owner Engaged to communicate to employees regarding				
P.O. Box, Building and Room Number, if any	1				
	P.O. Box. Building and Room Number, if any				
Street 2207 Ballantrae dr					
	Street 2207 Ballantrae dr				
City Colleyville	City Colleyville				
State Texas 7/10 Code + 4 76034	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 Oracle Packaging			
Trade Name	Street 220 Polo Road		
Attention To Jim Squatrito	City Winston-Salem		
Title President	State North Carolina 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 report to the employers listed in Part B.	ting organization in connection with labor relations advice or services rendered		
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	otals		
	Office and Administrative Expenses		
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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:		
Oracle Packaging			
15.c. To Whom Paid	15.d. Amount \$23,175.00		
Name Kenneth Cannon	15.e. Purpose		
Title Owner	Engaged to communicate to employees regarding excercising there rights to organize and bargain		
Organization Cannon Labor Relations, LLC	collectively.		
P.O. Box, Building and Room Number, if any			
Street 2207 Ballantrae dr			
76024			
State Texas ZIP Code + 4 76034	<u>l</u>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			