

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

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)

For Official Use Only

JAN 25 2011

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

441756

1. File Number C-662

2. Period Covered
By This Report
From:

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

12/18/2009

Through:

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

12/31/2010

A. Person Filing

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

Name

Kenneth

E

Cannon

Title

Owner

Organization

Cannon Labor Relations Consulting

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

Title

Sole Proprietor

President

(if other title, see
instructions)

18. Signed

Title

Treasurer

Treasurer

(if other title, see
instructions)

On

01

17

2011

Date

972-670-6159

Telephone Number

On

Date

Telephone Number

Name of Person Filing: Kenneth Cannon

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 Curtiss Wright Benshaw

Trade Name

Street

615 Alpha Dr

Attention To

Denis

Pricer

City

Pittsburgh

Title

Sr. Human Resources Manager

State

Pennsylvania

ZIP Code + 4

15238

5.b. Termination Date 9/22/2010

5.c. Amount 38,440

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 38,440

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 Washington

ZIP Code + 4

15.d. Amount**15.e. Purpose**

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY