

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 89-257, 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



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

446637

1. File Number C- 732

2. Period Covered
By This Report
From:

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

01/01/2008

Through:

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

12/31/2008

A. Person Filing

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

Name Kenneth E Cannon

Title Owner, Cannon Labor Relations Cons

Organization Labor Relations Institute

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

Street 7850-South Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 74013

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 [Signature] President
(if other title, see instructions)
Title Sole Proprietor

On 03/03/2011 972-670-6159
Date Telephone Number

18. Signed Treasurer
(if other title, see instructions)
Title Treasurer

On //
Date Telephone Number

AGREEMENT
Name of Person Filing: **Kenneth Cannon**

ACTIVITIES REPORT
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 **Labor Relations Institute**

Trade Name **LRI**

Attention To **Jim**

Title **VP Operations**

Street **7850 South Elm Place**

City **Broken Arrow**

State **Oklahoma**

ZIP Code + 4 **74013**

5.b. Termination Date **04/2008**

5.c. Amount **0**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **0**

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

Kenneth Cannon	47,812	11,927	59,739	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:			0	14. Total Disbursements (Sum of Items 8-13)	0

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	