## U.S. Department of Labor Office of Labor-Management

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## FORM LM-21

Form approved and Budget No. 1245-0003

Washington, DC 20210 RECEIPTS AND DISSURSEMENTS REPORT

Office of Management Expires 10-31-2013

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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

MR 10201			
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446637			
. File Number C-	2. Period Covered	Month/Day/Year ( mm/dd/yyyy )	Month/Day/Year ( mm/dd/yyyy )
· · ·	By This Report From: 0	1/01/2008	Through: 12/31/2
. Person Filing			
Name and mailing address (include ZIP Code):	4. Any other address wh	nere records necessar	y to verify this report are kept
Name Kenneth E Cannon	Name		
Title Owner, Cannon Labor Relations Cons	Title		
Organization Labor Relations Institute	Organization		
Organization Labor Relations institute		·	**************************************
P.O. Box, Building and Room Number, if any	P.O. Box, Building ar	nd Room Number, if a	
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Street 7850-South-Elm Place	Street	the property and	- Authorities page Consultation and a pro-
City Broken Arrow	City	sear story in the Charles Statement of the car	
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State Oklahoma ZiP Code + 4 74013  Signature of the undersigned declares, under penalty of perjury and other applicable penaltormation contained in any accompanying documents) has been examined by to orrect, and complete. (See the Section on penalties in the instructions).  7. Signed And President (if other title, see instructions)	State  St	mation submitted in thi est of the undersigned	ZIP Code + 4  a report (including the strowledge and belief, true,  Treasurer (If other title, see instructions)
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State Oklahoma ZiP Code + 4 74013  Ach of the undersigned declares, under penalty of perjury and other applicable penaltormation contained in any accompanying documents) has been examined by to orrect, and complete. (See the Section on penalties in the instructions).  7. Signed Proprietor President (if other title, see instructions)  Date Telephone Number	State  St	mation submitted in the	ZIP Code + 4  a report (including the strowledge and belief, true,  Treasurer (If other title, see instructions)
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Form LM-21 (2003)

Page 1 of 2

Name of Person Fi	ling:	Kenneth Cannon	. Bue bon 80 v.				File Numbe	rC-	j. 240- 1 1888 H	
3. Statement of F	tecel	ipts Report all receipts fro	om employers ir	n connection will			s advice or services regardle			
5.a. Name and Address of Employer (including trade name, if any).					Mailing Address:					
Employer Labor Relations Institute				P.O. 80x	P.O. Box, Building and Room Number, if any					
					i Street	et 7850 South Elm Place				
				City	Broken Arrow					
			Teague		•				· · · · · · · · · · · · · · · · · · ·	
Title	VP	Operations			State	Ok	lahoma	ZIP Code +	4 74013	
5.b. Termination [	 Date	04/2008			5.c. Amo	ount	0			
TOTAL RECEI	PTS	FROM ALL EMPLOYERS	S n							
Kenneth		Cannon	J#18/2	[[1,927]	59.730	包	9. Office and Administrative	Expenses		
		1			<i>-</i> y. ,		10. Publicity			
		,					11. Fees for Professional Se	ervices		
ar_	da	F FUE	n. (*n				12. Loans Made			
						لن	13. Other Disbursements			
). Total disbursem	ents	to officers and employee	as:	<u> </u>	**************************************	0	14. Total Disbursements (Sum	of Items 8-13)		
		c: Arran .an.int ireamento (ar Reporte)	to Activity on :	Use this Schedu	ule to report	t on	ly disbursements made for th	o purposes descr	ribed in Part D of	
15.a. Employer Na					15.b. Tr	ede	Name, if any:	3		
esta, i.e.	-	Land State (A	( 1-1				the state of the s		]	
15.c. To Whom Pa	aid			-	15.d. An	nou	nt [			
Name (15)					15.e. Pu	מריי		,	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
Title ·	<del>-</del>					1300	70		**************************************	
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Organization					111					

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Title

-State Washington

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

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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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ZIP Code + 4

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