U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

والمناب المستعدد

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

Form approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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For Official Use Only JAN 2 7 2017 READ THE INSTRUCTIONS CAREF	FULLY BEFORE PREPARING THIS REPORT 631865					
E WS DRV						
1 . File Number C - 00662	2. Period Covered By This Report From:					
A. Person Filing						
3. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:					
Name Kenneth E 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 State Texas ZIP Code + 4 76034	City State ZIP Code + 4					
Sigr	natures					
Each of the undersigned declares, under penalty of perjury and other applicable penalinformation contained in any accompanying documents) has been examined by correct, and complete: (See the Section on penalties in the instructions).	alties of law, that all of the information submitted in this report (including the the signatory and is, to the best of the undersigned's knowledge and belief, true,					
17. Signed Froprietor President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)					
On 01 / 25 / 2016 972-670-6159	On					

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.							of the advice		
5.a. Name and Address of Employer (including trade name, if any).					Mailing Address:				
				P.O. Box, Building and Room Number, if any					
Employer Ventura Foods					Chart 1100 Defici Dd				
Trade Name					Street 1100 Defiel Rd				
Attention To Raymond Stephens				City Saginaw					
Title Plant Manager					Texas	ZIP Code	+ 4	76179	
5.b. Termination Date	11/04/2016			5.c. Am	ount 37,309.12	· · · · · · · · · · · · · · · · · · ·		 	
6. TOTAL RECEIPTS	FROM ALL EMPLOYERS								
1									
							_		
C. Statement of Disb		sbursements r yers listed in F		orting orga	anization in connection	on with labor relations advice	or s	services rendered	
7. Disbursements to Offi	icers and Employees:								
(a) Name	<u> </u>	(b) Salary	(c) Expenses (d)	Totals		··· -··		6	
						Administrative Expenses			
					10. Publicity				
		<u></u>			11. Fees for Pi	rofessional Services			
					12. Loans Mad	e			
]				13. Other Disb	ursements			
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									
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					mount				
					<u> </u>				
Name				15.e. P	urpose	· · · · · · · · · · · · · · · · · · ·			
Title				Ш					
Organization									
							ŀ		
P.O. Box, Building and Room Number, if any									
Street									
City									
State Other	ZI	P Code + 4							
16. TOTAL DISBURS	SEMENTS FOR ALL REPOR	RTABLE ACTI	VITY	1					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									

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Name of Person Filir	ıg:						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.						of the advice			
5.a. Name and Address of Employer (including trade name, if any).			Mailing Address:						
Employer FSGI				P.O. E	lox, Building and Roor	n Number, if any			
Trade Name				Street 4401 Westgate Blvd, Suite 310					
Attention To Eric Hellinger			City Austin						
Vice President Suman Resources			70745						
Title Vice President, Human Resources State IEXAS ZIP Code + 4 /8/45									
5.b. Termination Date 03/04/2016			5.c. Amount 16,388.00						
6. TOTAL RECEIP	S	ROM ALL EMPLOYERS							
<u> </u>									
C. Statement of Di	eh:	ursements Penort all di	churcomonte i	made by the rer	orting or	ranization in connecti	on with labor relations advice	- Or 1	services rendered
C. Statement of Di	301		yers listed in I		orung or	gariizadon in connecti	on with labor relations advice	, 01 .	sci vioca rendered
7. Disbursements to (Offic	ers and Employees:	(b) Salary	(c) Expenses (d)	Totals				
(d) Haine			(-,	(0) = (0)		9. Office and	Administrative Expenses		
	Ħ					10. Publicity		\vdash	
	Ī					11. Fees for P	rofessional Services	Т	
	Ī					12. Loans Mad	le		
						13. Other Dist	pursements	Г	
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					15.d. Amount				
Name									
				15.e.	Purpose				
Title					_				
Organization				J					
P.O. Box, Building and Room Number, if any									
Street									
City				<u></u>	٦				
State Other		Z	IP Code + 4		<u> </u>			<u>—</u>	· · · · · · · · · · · · · · · · · · ·
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									

Form LM-21 (2003)

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 Mizkan American, Inc	1.0. So, Soliding and Hooff Hambol, Hally					
Trade Name	Street 1661 Feehanville Dr					
Attention To Ann Roberson	City Mount Prospect					
Title Vice President, Human Resources	State Illinois ZIP Code + 4 60056					
5.b. Termination Date 06/03/2016	5.c. Amount 15,252.00					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
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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						
	Office and Administrative Expenses					
	10. Publicity					
	11. Fees for Professional Services					
	12. Loans Made					
	13. Other Disbursements					
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	15.d. Amount					
Name	15.e. Purpose					
Title						
Organization						
P.O. Box, Building and Room Number, if any						
Street						
City						
State Other ZIP Code + 4						
16 TOTAL DISRURSEMENTS FOR ALL REPORTABLE ACTIVITY						

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