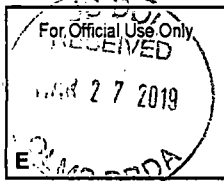


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

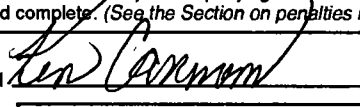
696428

1. File Number C- 00662	2. Period Covered By This Report From: 01/01/2018 Through: 12/30/2018
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Kenneth <input type="checkbox"/> Cannon	Name <input type="checkbox"/> <input type="checkbox"/>
Title Owner	Title <input type="checkbox"/>
Organization Cannon Labor Relations, LLC	Organization <input type="checkbox"/>
P.O. Box, Building and Room Number, if any <input type="checkbox"/>	P.O. Box, Building and Room Number, if any <input type="checkbox"/>
Street 2207 Ballantrae Der	Street <input type="checkbox"/>
City Colleyville	City <input type="checkbox"/>
State Texas <input checked="" type="checkbox"/> ZIP Code + 4 76034	State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>

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 	President (if other title, see instructions)	18. Signed <input type="checkbox"/>	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title T	
On 02/06/2019	Telephone Number 972-670-6159	On <input type="checkbox"/>	Telephone Number <input type="checkbox"/>
Date	Telephone Number	Date	Telephone Number

Name of Person Filing:	File Number C-
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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).		Mailing Address:	
Employer	Arconic Power & Propulsion	P.O. Box, Building and Room Number, if any	
Trade Name	Arconic	Street	One Misco Dr.
Attention To	Scott Deitrich	City	Whitehall
Title	Attorney	State	Michigan ZIP Code + 4 49461
5.b. Termination Date 02/26/2018		5.c. Amount	
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 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: Arconic Power & Propulsion		15.b. Trade Name, if any: Arconic	
15.c. To Whom Paid		15.d. Amount \$8,536	
Name	Kenneth Cannon	15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collective and also the right to refrain from all such activit so long as it does not intere with Section 8(a)3.	
Title	Owner		
Organization	Cannon Labor Relations, LLC		
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-
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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). Mailing Address:

Employer Arconic Power & Propulsion	P.O. Box, Building and Room Number, if any
Trade Name Arconic Power & Propulsion	Street 201 Isabella St. at 7th St. Bridge
Attention To Scott <input type="checkbox"/> Dietrich	City Pittsburgh
Title Attorney	State Pennsylvania <input checked="" type="checkbox"/> ZIP Code + 4 15212

5.b. Termination Date **12/30/2018** 5.c. Amount

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 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.

<p>15.a. Employer Name: Arconic Power & Propulsion</p> <p>15.c. To Whom Paid</p> <p>Name Kenneth <input type="checkbox"/> Cannon</p> <p>Title Owner</p> <p>Organization Cannon Labor Relations, LLC</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 2207 Ballantrae Dr</p> <p>City Colleyville</p> <p>State Texas ZIP Code + 4 76034</p>	<p>15.b. Trade Name, if any: Arconic</p> <p>15.d. Amount \$33,427</p> <p>15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collective and also the right to refrain from all such activit so long as it does not intere with Section 8(a)3.</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C-
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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). Mailing Address:

Employer Acero Junction Now JSW Steel USA Ohio Steel	P.O. Box, Building and Room Number, if any
Trade Name Acero Junction Industries	Street 1500 South Commercial Ave
Attention To Steve <input type="checkbox"/> Guzy	City Mingo Junction
Title General Manager	State Ohio ZIP Code + 4 43938

5.b. Termination Date **02/26/2018** 5.c. Amount

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 listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

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.

<p>15.a. Employer Name: Acero Junction now JSW Steel</p> <p>15.c. To Whom Paid</p> <p>Name Kenneth <input type="checkbox"/> Cannon</p> <p>Title Owner</p> <p>Organization Cannon Labor Relations, LLC</p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street 2207 Ballantrae Dr</p> <p>City Colleyville</p> <p>State Texas ZIP Code + 4 76034</p>	<p>15.b. Trade Name, if any: Acero Junction now JSW Steel</p> <p>15.d. Amount \$15,129</p> <p>15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collective and also the right to refrain from all such activit so long as it does not intere with Section 8(a)3.</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY