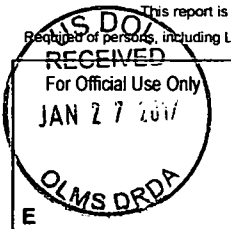


FORM LM-21

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

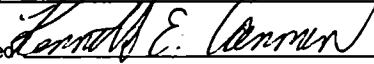
631865

1. File Number C- 00662	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2016		12 / 31 / 2016

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. 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	City
State Texas ZIP Code + 4 76034	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 	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title Treasurer	
On 01 / 25 / 2016 972-670-6159		On / /	
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). Employer Ventura Foods Trade Name Attention To Raymond Stephens Title Plant Manager	Mailing Address: P.O. Box, Building and Room Number, if any Street 1100 Defiel Rd City Saginaw State Texas ZIP Code + 4 76179
5.b. Termination Date 11/04/2016	5.c. Amount 37,309.12
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	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	9. Office and Administrative Expenses
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	10. Publicity
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	11. Fees for Professional Services
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	12. Loans Made
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
15.c. To Whom Paid Name <div style="border: 1px solid black; width: 150px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 150px; display: inline-block;"></div> Title <div style="border: 1px solid black; width: 300px; display: inline-block;"></div> Organization <div style="border: 1px solid black; width: 340px; display: inline-block;"></div> P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; width: 300px; display: inline-block;"></div> Street <div style="border: 1px solid black; width: 300px; display: inline-block;"></div> City <div style="border: 1px solid black; width: 180px; display: inline-block;"></div> State Other ZIP Code + 4 <div style="border: 1px solid black; width: 80px; display: inline-block;"></div>	15.d. Amount <div style="border: 1px solid black; width: 100px; display: inline-block;"></div> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
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). Employer Mizkan American, Inc Trade Name Attention To Ann Roberson Title Vice President, Human Resources	Mailing Address: P.O. Box, Building and Room Number, if any Street 1661 Feehanville Dr City Mount Prospect State Illinois ZIP Code + 4 60056
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5.b. Termination Date 06/03/2016	5.c. Amount 15,252.00
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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 style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	9. Office and Administrative Expenses <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	10. Publicity <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	11. Fees for Professional Services <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	12. Loans Made <input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	13. Other Disbursements <input style="width: 80%;" type="text"/>

8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)
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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: <input style="width: 90%;" type="text"/>	15.b. Trade Name, If any: <input style="width: 90%;" type="text"/>
15.c. To Whom Paid Name <input style="width: 80%;" type="text"/> <input style="width: 20%;" type="text"/> Title <input style="width: 90%;" type="text"/> Organization <input style="width: 90%;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 80%;" type="text"/> State Other ZIP Code + 4 <input style="width: 20%;" type="text"/>	15.d. Amount <input style="width: 80%;" type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY