

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

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

Form approved
Office of Management and Budget No. 1215-0188 Expires 09-30-2011

This report is mandatory under P.L., 88-257, as amended. Feiture to comply may result in criminal prosecution, lines, or olvil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under readion 200(b) of the Labor-Alanagement Relations and Disclosure Act of 1959, as amended. (LMRDA)



M252011	READ THE INS	TRUCTIONS CAREFI	ILLY GEFORE PREPA	aring this report					
E	4417	56							
1 . File Number C-	2		2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)   Through:					
A. Person Filing									
Name and mailing addr	ess (include ZIP Code):		T 4 Any other address	n urbana raganda nagasaan	v to vorify this report are kent:				
Name Kennet			Any other address where records necessary to verify this report are kept:  Name						
Title Owner			Title						
Organization Cannon	Labor Relations Con	sulting	Organization						
P.O. Box, Building and Street 2207 Balla City Colleyvill State Texas	ntrae Dr	e+4 76034	P.O. Box, Building and Room Number, if any  Street  City  State  ZiP Code + 4						
State Texas									
information contained in a	clares, under penalty of perjury a ny accompanying documents) h se the Section on penalties in the	nd other applicable pena as been examined by t	atures lites of law, that all of the ne signatory and is, to the	information submitted in this ne best of the undersigned	report (including the s knowledge and belief, true,				
17. Signed Sole Pro			18. Signed	surer	Treasurer (If other title, see instructions)				
On 01/17/20 Date	972-670-6159 Telephone Number	St. Corr	On Dat	e Telephone	Number (ATE				
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Form LM-21 (2003)

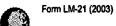
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1.19

					-					<del></del>				
Name of Person F	lling: Kenn	eth Can	non					-		File Nu	mber C-			
			,											
B. Statement of F	Receipts Re or sen		eipts from	employers in	n connecti	on with	labor reta	tions	advice or servi	oes rega	ardless of the purpo	ses c	of the advic	æ
5.a. Name and Address of Employer (Including trade name, if any).						Mailing Address: P.O. Box, Building and Room Number, if any								
Employer Curtiss Wright Benshaw														
Trade Name	Trade Name						Street	615 Alpha Dr						
Attention To	Denis Pricer				]	City	Pit	tsburgh						
Title	Sr. Hum	an Resou	urces M	lanager			State	Per	nsylvania		ZIP Code	+ 4	15238	
5.b. Termination	Date 9/	22/2010				<del></del>	5.c. Amo	ount	38,440				<u></u>	<del> </del>
6. TOTAL RECEI	TS FROM	ALL EMPLO	OYERS	38,440										
Statement of I     Disbursements to     (a) Name		to ti	he employ s:	bursements vers listed in I (b) Salary		·		nizat	ion in connection	on with la	abor relations advice	e or s	services re	ndered
									9. Office and A	\dministr	ative Expenses	<u> </u>		
							<del></del>		10. Publicity					
								$\bot$	11. Fees for Pr	ofession	al Services	_		
							<del>/*****//*****************************</del>	_	12. Loans Made	9		L		
					<u> </u>	▃L	-	_	13. Other Disb	ursemen	ts	<u> </u>	<u></u>	
8. Total disbursen	nents to offic	ers and en	nployees:						14. Total Disbun	sements	(Sum of Items 8-13)	L_		
D. Schedule of D	Isburseme	nts for Rep	ortable /		Use this S instruction	ichedul ns.	e to repar	t only	disbursement	s made l	or the purposes de	scrib	ed in Part [	) of the
15.a. Employer Name:						15.b. Trade Name, if any:								
15.c. To Whom P	aid						15.d. An	noun	t					
Name			<u> </u>				15.e. Pu	ırpos	e					-
Title [														
Organization														
P.O. Box, Build	ding and Ro	om Numbe	r, if any											
Street						ķ	'						•	
City				¢	<u> </u>	15.70	11.000			#73			•	

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY



State Washington

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