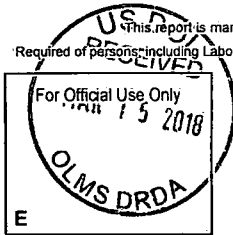


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 03-31-2019

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

665319

1. File Number C- 00662	2. Period Covered By This Report From: 01/01/2017 Through: 12/30/2017
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## A. Person Filing

<b>3. Name and mailing address (include ZIP Code):</b> Name: Kenneth Cannon 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	<b>4. Any other address where records necessary to verify this report are kept:</b> Name: Rachel Schumacher Title: Attorney Organization: Akerman, LLP P.O. Box, Building and Room Number, if any: Street: 725 Figueroa St, 38th Floor City: Los Angeles State: California ZIP Code + 4: 90017-5438
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## 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: Title: Sole Proprietor On: 02/27/2018 Telephone Number: 972-670-6159	18. Signed: _____ Title: T On: ____/____/____ Telephone Number: _____
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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: Paul Barron

Trade Name: Garden Crest Convalescent Hospital

Attention To: Paul ☐ Barron

Title: Owner

Mailing Address:

P.O. Box, Building and Room Number, if any: \_\_\_\_\_

Street: 909 Lucile Ave.

City: Los Angeles

State: California ZIP Code + 4: 90026

5.b. Termination Date: 07/10/2017 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: Akerman, LLP

15.b. Trade Name, if any: Akerman, LLP

15.c. To Whom Paid:

Name: Kenneth ☐ Cannon

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

15.d. Amount: \$13,189

15.e. Purpose: Persuade all nurses, N.A., Cooks, Laundry Personnel and housekeeping to exercise their rights to vote in an upcoming election to decide if they wish to be represented by SEIU local 2015 or continue to speak for themselves at work.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY