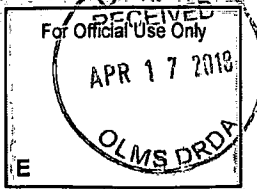


FORM LM-21

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

675378

1. File Number C- <u>67257</u> <u>68069</u>	2. Period Covered By This Report From: <u>01/01/2016</u> Through: <u>12/31/2016</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Darren</u> <u>Bake</u>	Name <u></u> <u></u>
Title <u>Administrator</u>	Title <u></u>
Organization <u>Seal Beach Health and Rehab</u>	Organization <u></u>
P.O. Box, Building and Room Number, if any <u></u>	P.O. Box, Building and Room Number, if any <u></u>
Street <u>300 North Gate Road</u>	Street <u></u>
City <u>Seal Beach</u>	City <u></u>
State <u>California</u> ZIP Code + 4 <u>90710</u>	State <u></u> ZIP Code + 4 <u></u>

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 <u><i>Darren Bake</i></u> President (if other title, see instructions) Title <u>Other (Specify)</u> <u>Administrator</u>	18. Signed <u><i>Amund</i></u> Treasurer (If other title, see instructions) Title <u>Controller/Comptroller</u>
On <u>04/03/2018</u> <u>562-598-2477</u> Date Telephone Number	On <u>4/3/2018</u> <u>714-533-7818</u> Date Telephone Number

Name of Person Filing: Darren Bake	File Number C- 6257 68089
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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: Seal Beach Health and Rehab

Trade Name:

Attention To: Darren Bake

Title: Administrator

Mailing Address:

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

Street: 300 North Gate Rd

City: Seal Beach

State: California ZIP Code + 4 90740

5.b. Termination Date: 9/18/2016

5.c. Amount: 38,149

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 38,149

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: Seal Beach Health and Rehab

15.b. Trade Name, if any:

15.c. To Whom Paid

Name: Byron Clay

Title: President

Organization: BJC & Associates

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

Street: 10108 Fehlbeg Court

City: Saint John

State: Indiana ZIP Code + 4 46379

15.d. Amount: 14,923

15.e. Purpose: Engaged to communicate to employees regarding their right to organize and bargain collectively

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 38,149

Name of Person Filing: Darren Bake

File Number C-5725768089

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: Seal Beach Health and Rehab	15.b. Trade Name, If any:
15.c. To Whom Paid Name Evelyn <input type="checkbox"/> Pragose Title President Organization Quality Labor Solutions P.O. Box, Building and Room Number, If any: Street 6255 Condon Ave City Los Angeles State California ZIP Code + 4 90056	15.d. Amount 2,500 15.e. Purpose: Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Seal Beach Health and Rehab	15.b. Trade Name, If any:
15.c. To Whom Paid Name Kirsten <input type="checkbox"/> Moore Title Organization P.O. Box, Building and Room Number, If any: Street 139 Drexel Road City Ardmore State Pennsylvania ZIP Code + 4 19003	15.d. Amount 20,726 15.e. Purpose: Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: 	15.b. Trade Name, If any:
15.c. To Whom Paid Name <input type="checkbox"/> Title Organization P.O. Box, Building and Room Number, If any: Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose: