

# FORM LM-20

## AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00662

### Person Filing

2. Name and mailing address (include ZIP Code):

Name Kenneth Cannon

Title Owner

Organization Cannon Labors Relations,LLC

P.O. Box, Bldg., Room No., if any

Street 2207 Ballantrae Dr.

City Colleyville

State Texas ZIP Code + 4 76034

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec 30

5. Type of person:

a. ☒ Individual b. Partnership c. Corporation d. Other (Specify):

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Rachel Schumadher

Organization Akerman,LLP

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 725FigueroaSt.38thfloor

City LosAngles

State California ZIP Code + 4 90017-5438

7. Date entered into:

04 / 20 / 2017

8. Name of person(s) through whom made:

Name

Name

Name

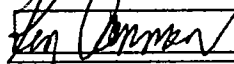
Name

Name

### 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 Section VII on penalties in the instructions.)


13. Signed



President  
(If other title, see  
instructions)

Title Sole Proprietor

14. Signed



Treasurer  
(If other title, see  
instructions)

Title

On 05/20/2017

Date

972-670-6159

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Train managers on the National Labor Relations Act and meet with all hourly employees to explain the process the National Labor Relations Board has established for employees to decide if they wish to be represented by a labor organization or continue remain union free.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Trained managers and supervisors on TRIPS and what they can and cannot say or do during the pre-election period.  
Met with all hourly employees, explained the purpose of a union authorization card and how it is used in a non-right to work state and how the pre-election, election and collective bargaining process works.

11.b. Period during which performed:

04/20/2017-5/4/2017

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Paul Barron  
Organization GardenCrestConvalescentHospital  
P.O. Box, Bldg., Room No., if any  
Street 909LucileAVE  
City LosAngeles  
State California ☒ ZIP Code + 4 90026

Additional Name and address through whom performed, if any:

Name  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ☒ ZIP Code + 4

12.a. Identify subject groups of employees:

ALLCNAs,RNAs,maintenance,gardener,laundryandhousekeeping.

12.b. Identify subject labor organizations:

SEIULocal2015