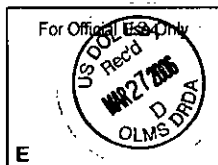


FORM LM-21

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)



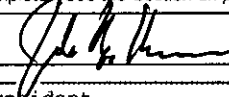
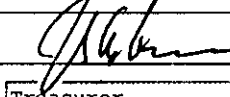
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-00527	2. Period Covered By This Report From: 01/01/2005 Through: 12/31/2005
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	JOHN M HERMANN
Title	PRESIDENT & CEO
Organization	LABOR RELATIONS SERVICES, INC.
P.O. Box, Building and Room Number, if any	SUITE 100
Street	24 CORPORATE PLAZA
City	NEWPORT BEACH
State	California ZIP Code + 4 92660
4. Any other address where records necessary to verify this report are kept:	
Name	NONE
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
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	President	Title	Treasurer
On 03/21/2006	949-719-1962	On 03/21/2006	949-719-1962
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: JOHN HERMANN

File Number C- 00527

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).

Mailing Address:

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

Employer ATLAS MECHANICAL, INC

SUITE B

Trade Name

Street

8260 CAMINO SANTA FE

Attention To

SAM

SHEKHTER

City

SAN DIEGO

Title

PRESIDENT & CEO

State

California

ZIP Code + 4

92121

5.b. Termination Date

ON GOING

5.c. Amount

82,588

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,820,047

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

ACTION	RESOURCES	29,603	4,620	34,223	9. Office and Administrative Expenses	249,399
AMERICAN	CONSULTING GROUP	29,000	4,726	33,726	10. Publicity	9,811
STEVE	BEYER	82,556	15,231	97,787	11. Fees for Professional Services	37,289
CONNECTION	RESOURCES GROUP	175,297	29,168	204,465	12. Loans Made	0
KRIS	EISENBERG	1,440	150	1,590	13. Other Disbursements	22,791
8. Total disbursements to officers and employees:				1,249,437	14. Total Disbursements (Sum of Items 8-13)	1,568,727

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:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: JOHN HERMANN		File Number C- 00527	
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).		Mailing Address:	
Employer	BENCHMARK ASSISTED LIVING	P.O. Box, Bldg., Room No., if any	SUITE #350
Trade Name		Street	40 WILLIAM STREET
Attention To:	JILL <input type="checkbox"/> HASELMAN	City	WELLESLEY
Title	SENIOR V.P., ORG DEVELOPMENT	State	Massachusetts
		ZIP Code + 4	02461
5.b. Termination Date		5.c. Amount	
11/06/2005		416,748	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	BUILDING TECHNOLOGY ENGINEERS	P.O. Box, Bldg., Room No., if any	N110803
Trade Name	BTENA-WASHINGTON MUTUAL	Street	9200 OAKDALE AVENUE
Attention To:	CONNIE <input type="checkbox"/> STEWART	City	CHATSWORTH
Title	BUSINESS MANAGER	State	California
		ZIP Code + 4	91311
5.b. Termination Date		5.c. Amount	
05/07/2005		12,784	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	CBRE TECHNICAL SERVICES	P.O. Box, Bldg., Room No., if any	
Trade Name	TEXAS DIVISION	Street	420 EAST DANIELDALE ROAD
Attention To:	THOMAS <input type="checkbox"/> FUDGE	City	DESOTO
Title	OPERATIONS MANAGER, MCGRAW-HILL	State	Texas
		ZIP Code + 4	75115
5.b. Termination Date		5.c. Amount	
10/07/2005		6,516	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	COCA-COLA COMPANY	P.O. Box, Bldg., Room No., if any	P.O. BOX 2079
Trade Name		Street	
Attention To:	RICHARD <input type="checkbox"/> LYNN	City	HOUSTON
Title	DIRECTOR OF LABOR RELATIONS	State	Texas
		ZIP Code + 4	77252-2079
5.b. Termination Date		5.c. Amount	
ON GOING		150,809	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	DAKOTALAND FEEDS, LLC	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	674 WEST PARK AVENUE, N.W.
Attention To:	JARVIS <input type="checkbox"/> HAUGEBERG	City	HURON
Title	GENERAL MANAGER - HURON, SD	State	South Dakota
		ZIP Code + 4	57350
5.b. Termination Date		5.c. Amount	
10/29/05		39,263	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	D.S. WATERS, LP AND/OR	P.O. Box, Bldg., Room No., if any	SUITE 500
Trade Name	ITS DESIGNATED AFFILIATES	Street	5660 NEW NORTHSIDE DRIVE
Attention To:	GREG <input type="checkbox"/> CHAFEE	City	ATLANTA
Title	LEGAL COUNSEL	State	Georgia
		ZIP Code + 4	30328
5.b. Termination Date		5.c. Amount	
ON GOING		411,983	

Name of Person Filing: JOHN HERMANN		File Number C- 00527	
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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).		Mailing Address:	
Employer: EMCOR FACILITY SERVICES, INC.	P.O. Box, Bldg., Room No., if any		
Trade Name: WASHINGTON MUTUAL	Street: 306 NORTH AVENUE		
Attention To: PAUL J ASMAR	City: BOSTON		
Title: PORTFOLIO DIRECTOR NORTHEAST REGION	State: Massachusetts	ZIP Code + 4: 02210	
5.b. Termination Date: 12/18/2004	5.c. Amount: 14,208		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: FACTOR SALES, INC.	P.O. Box, Bldg., Room No., if any		
Trade Name: DBA: DEL SOL MARKETS	Street: 676 NORTH ARCHIBALD STREET		
Attention To: VICTOR M SALCIDO	City: SAN LUIS		
Title: PRESIDENT	State: Arizona	ZIP Code + 4: 85349	
5.b. Termination Date: 03/11/2005	5.c. Amount: 92,334		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: GO KIDS, INC	P.O. Box, Bldg., Room No., if any		
Trade Name:	Street: 885 MORO DRIVE		
Attention To: LARRY DRURY	City: GILROY		
Title: EXECUTIVE DIRECTOR	State: California	ZIP Code + 4: 95020	
5.b. Termination Date: ON GOING	5.c. Amount: 23,255		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: NISHIMOTO TRADING COMPANY, INC.	P.O. Box, Bldg., Room No., if any		
Trade Name:	Street: 13409 ORDEN DRIVE		
Attention To: NOBORU TOYAMA	City: SANTA FE SPRINGS		
Title: VICE PRESIDENT	State: California	ZIP Code + 4: 90670-6336	
5.b. Termination Date: 12/24/2005	5.c. Amount: 72,718		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: OKLAND CONSTRUCTION COMPANY, INC.	P.O. Box, Bldg., Room No., if any		
Trade Name:	Street: 1978 S. WEST TEMPLE		
Attention To: JOHN MCENTIRE	City: SALT LAKE CITY		
Title: SECRETARY/TREASURER - C.F.O.	State: Utah	ZIP Code + 4: 84115	
5.b. Termination Date: ON GOING	5.c. Amount: 97,458		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: PAREXLAHABRA, INC.	P.O. Box, Bldg., Room No., if any		
Trade Name:	Street: 4125 E. LA PALMA AVENUE		
Attention To: FRANCOIS BOUAN	City: ANAHEIM		
Title: PRESIDENT	State: California	ZIP Code + 4: 92807	
5.b. Termination Date: 08/13/2005	5.c. Amount: 44,885		

Name of Person Filing: JOHN HERMANN		File Number C- 00527	
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).		Mailing Address:	
Employer: ROUTE RELIEVERS, INC.		P.O. Box, Bldg., Room No., if any: SUITE 201	
Trade Name:		Street: 29 WESTCHESTER AVENUE	
Attention To: ROBERT FANELLI		City: PURCHASE	
Title: PRESIDENT		State: New York	ZIP Code + 4: 10577
5.b. Termination Date: 07/16/2005		5.c. Amount: 22,167	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: TORAY COMPOSITES (AMERICA), INC.		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street: 19002 50TH AVENUE WEST	
Attention To: MORIYUKI ONISHI		City: TACOMA	
Title: PRESIDENT		State: Washington	ZIP Code + 4: 98446
5.b. Termination Date: 12/10/2005		5.c. Amount: 209,045	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: UNITED SITE SERVICES, INC.		P.O. Box, Bldg., Room No., if any: SUITE 4000	
Trade Name:		Street: 200 FRIBERG PARKWAY	
Attention To: TERRY C BELLORA		City: WESTBOROUGH	
Title: CHIEF EXECUTIVE OFFICER		State: Massachusetts	ZIP Code + 4: 01582
5.b. Termination Date: ON GOING		5.c. Amount: 120,849	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: VOLUNTEERS OF AMERICA		P.O. Box, Bldg., Room No., if any: SUITE 1500	
Trade Name:		Street: 3600 WILSHIRE BOULEVARD	
Attention To: SUSAN A LOVEIRE		City: LOS ANGELES	
Title: DIRECTOR OF HUMAN RESOURCES		State: California	ZIP Code + 4: 90010-2619
5.b. Termination Date: 07/23/2005		5.c. Amount: 2,437	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer:		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street:	
Attention To:		City:	
Title:		State:	ZIP Code + 4:
5.b. Termination Date:		5.c. Amount: 0	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer:		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street:	
Attention To:		City:	
Title:		State:	ZIP Code + 4:
5.b. Termination Date:		5.c. Amount:	

7. Disbursements to Officers and Employers:

Page 6 of 6