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. 1245-0003 Expires 09-30-2021

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).



00527

1. File Number C-

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2. Period Covered

By This Report

113667

Month/Day/Year

(mm/dd/yyy)

Month/Day/Year

(mm/dd/yyy)

·	From: 1/1/2019 Through: 12/31/2019
A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name <u>John M. Hermann</u>	Name
Title Chitf Executive Officer	Title
Organization Labor Relations Services, Inc.	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
street 2 PINNAUL Pt. City NTWPART (OUST State CA ZIP Code + 4 92657	Street City StateZIP Code+ 4
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See the Section on penalties in the instructions)	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief,
17. Signed President (If other title, see instructions)	18. Signed Treasurer Title Treasurer Treasurer (If other title, see instructions)
On	On 1/4/2020 (949)719-1962 Telephone Number

					<u>-</u>	
Name of Person Filing: JOHN HERM	WNN		File Number	c 00527		
33,11,01,11	-W-11 1					
B. Statement of Receipts Report all receipts from or services.	employers in	connection w	ith labor relati	ons advice or services regardless of the purpor	ses of the advice	
5.a. Name and Address of Employer (including trade	name, if any)).	M	ailing Address:		
Employer WISMCTTUC ASIU	in Foo	ds.Inc.	P.O. Box, B	ldg., Room No., if any	<u> </u>	
Trade Name				3409 Orden Dr.		
Attention To: 1400 ISNI HIKA	 (1		~	nta Fe Sovinas	· · · · · · · · · · · · · · · · · · ·	
Title Human Resources Munuager			State <u>CA</u> <u>ZIP Code + 4</u> <u>90470</u>			
Title TOTTOTT COOKES	1 1011 1000	4tr_	State	ZIP Code + 4	<u> </u>	
5.b. Termination Date 12/3//19			5.c. Amount	\$279,431		
	\$703	921		# 2 1 1, 101		
	P 10 0	, 101			 	
			orting organiza	ation in connection with labor relations advice o	r services rendered	
to the employers listed in Part B.						
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals						
John M Hemann	104,000	49,000	153,000	9. Office and Administrative Expenses	22,560	
			,	10. Publicity	979	
				11. Fees for Professional Services	383.453	
·				12. Loans Made		
				13. Other Disbursements		
8. Total disbursements to officers and employees:			153,000	14. Total Disbursements (Sum of Items 8 – 13)	540,100	
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	· · · · · · · · · · · · · · · · · · ·	0				
D. Schedule of Disbursements for Reportable Ac		e this Schedul tructions.	e to repoπ om	ly disbursements made for the purposes descri	bed in Part D of the	
15.a. Employer Name:			15.b. Trade N	Name, if any:		
NIA						
15.c. To Whom Paid			15.d. Amount	t		
Name Ed HINKE			\$ 152,599			
Title		-				
Organization			15.e. Purpose			
			Consutting Services			
P.O. Box, Building and Room Number, if any		,		9		
street 12705 Riddloath	unt				•	
city Knowill	· · · · · · · · · · · · · · · · · · ·					
State ZIP Code + 4	3792	2				
16. TOTAL DISBURSEMENTS FOR ALL REPORTA	BLE ACTIVIT					

Name of Person Filing: JOHN HCMUNN	File Number C- 00527			
· · · · · · · · · · · · · · · · · · ·				
B. Statement of Receipts Report all receipts from employers in conn or services.	nection with labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer DS SCNICS OF AMERICA, INC.	P.O. Box, Bldg., Room No., if any			
Trade Name	street 2300 Windy Ridge PKWY #500N			
Attention To: Steve Eraman	city Atlanta			
Title VP OF Human RESOURCES	State <u>FIA</u> ZIP Code + 4 <u>30339</u>			
5.b. Termination Date 7/10/19	5.c. Amount \$424,500			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$703,9	31			
,				
C. Statement of Disbursements Report all disbursements made by to the employers listed in Part B.	the reporting organization in connection with labor relations advice or services rendered			
7. Disbursements to Officers and Employees:				
(a) Name (b) Salary (c) Ex	xpenses (d) Totals			
	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	Schedule to report only disbursements made for the purposes described in Part D of the			
instruction	ons,			
15.a. Employer Name:	15.b. Trade Name, if any:			
Labor Information Services				
15.c. To Whom Paid	15.d. Amount			
Name	\$ 40,270			
Title	15.e. Purpose			
Organization LUDOW INFORMATION SENICES				
P.O. Box, Building and Room Number, if any	consulting Senices.			
The state of the s				
27117 Davis Cours				
street 27407 Pacific COUST HWY				
city Mulibu	_			
State <u>CA</u> ziP Code + 4 <u>9 02 05</u>	_			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Page 2 of 2

Name of Person Filing: JUNN HEIMAR	n		File Numbe	rc- 00527		
B. Statement of Receipts Report all receipts from er or services.	mployers in	connection w	vith labor relat	ions advice or services regardless of the purpos	es of the advice	
5.a. Name and Address of Employer (including trade na	ame, if any)		N	failing Address:		
- Employer			P.O. Box, E	Bldg., Room No., if any		
Trade Name					1	
Attention To:			City			
Title			State	ZIP Code + 4		
5.b. Termination Date			5.c. Amoun	t		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	519 1	Pas. 2	2-3*			
	7					
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						
(d) Name	D) Calary	(o) Exponded	(4) (5)	9. Office and Administrative Expenses	<u> </u>	
				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 Activ		this Schedul	le to report or	nly disbursements made for the purposes descril	oed in Part D of the	
15.a. Employer Name:		"	15.b. Trade	Name, if any:		
Redstanc Enterprises Ir	١/ .					
15.c. To Whom Paid	10		15.d. Amour	nt		
Name DUVICI ACOSTA						
Title P(CSIUCN+			\$52,781			
Dedition tologic	ec 10	,	15.e. Purpose			
Organization KCUSTUNC ENTRY ONLY	(3, 11.11		Consulting Services.			
P.O. Box, Building and Room Number, if any			C 01 .0 1	,		
				•		
Street 5415 E. WILLOWIC	K Cir	Cle				
city Anaheim					·	
State <u>CA</u> ZIP Code + 4 <u>9</u>	290	1				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE	LE ACTIVIT	Υ				

Name of Person Filling: TOWN HERMANN		File Number	° 00527			
B. Statement of Receipts Report all receipts from employers in contour services.	nection wi	ith labor relat	ions advice or services regardless of the purpos	es of the advice		
5.a. Name and Address of Employer (including trade name, if any).		M	ailing Address:			
Employer		P.O. Box, B	ldg., Room No., if any	<u> </u>		
Trade Name						
Attention To:			City			
Title			ZIP Code + 4			
	_	Otate	211 Oode : 4			
5.b. Termination Date		5.c. Amount				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS AND CAR	\sim 10	7 - 2	2 ot			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS X SCL	M 3		<u> </u>			
C. Statement of Disbursements Report all disbursements made by	v the repo	rting organiza	ation in connection with labor relations advice or	services rendered		
to the employers listed in Part B. ** Set PO . 2 **						
7. Disbursements to Officers and Employees:	Ψ,					
(a) Name (b) Salary (c) E		(4) (0.00)	9. Office and Administrative Expenses			
			10. Publicity			
			11. Fees for Professional Services			
			12. Loans Made			
			13. Other Disbursements			
Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8 – 13)			
D. Schedule of Disbursements for Reportable Activity Use this instruction		e to report on	ly disbursements made for the purposes describ	ed in Part Dof the		
15.a. Employer Name:	1	15.b. Trade 1	Name, if any:			
The Redd Francisco						
15.c. To Whom Paid		15.d. Amoun	t			
Name		\$4,375				
Title .	-					
Organization The READ FICUP, LLC	_	15.e. Purpos	e			
	_	consu	itting Schills.			
P.O. Box, Building and Room Number, if any			,			
	_			•		
Street 4900 California Ave, TOWCIB, 20	-floor					
city Bakersfitld						
State <u>CA</u> ZIP Code + 4 <u>93309</u>						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Name of Person Filing: JOHN HCMUNN	·	File Number	° 00527		
		•			
B. Statement of Receipts Report all receipts from employers or services.	in connection v	with labor relati	ions advice or services regardless of the purpos	es of the advice	
5.a. Name and Address of Employer (including trade name, if an	y).	M	ailing Address:		
Employer	P.O. Box, B	ldg., Room No., if any			
Trade Name	Street				
Attention To:		City			
Title		State ZIP Code + 4			
		Olate	2ii		
5.b. Termination Date		5.c. Amount			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	· pgs.	7-3			
n /(C	- P-Jo-				
C. Statement of Disbursements Report all disbursements m	ade by the rep	orting organiza	ation in connection with labor relations advice or	services rendered	
to the employers listed in Part B. 7. Disbursements to Officers and Employees:					
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses				
			9. Office and Administrative Expenses		
			10. Publicity		
			11. Fees for Professional Services		
			12. Loans Made		
			13. Other Disbursements		
Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8 – 13)		
D. Schedule of Disbursements for Reportable Activity U	se this Schedu	ule to report on	ly disbursements made for the purposes describ	and in Part'D of the	
	structions.	ile to report on	y dispursements made for the purposes describ	ed in Fait D of the	
15.a. Employer Name:		15.b. Trade Name, if any:			
EMSI CONSULTING, LLC					
15.c. To Whom Paid		15.d. Amoun	t		
Name		# 32,406			
Title		4 0 1 10 1			
Organization EMSI (MSUM) MG, LL		15.e. Purpos	e	•	
Organization DY 1011 (1) OV 1111 2011	<u></u>	Consulting Strices.			
P.O. Box, Building and Room Number, if any		Coros	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		-			
street 1402 Blenbury Dr.					
city Diamond Bar					
State <u>CA</u> <u>ZIP Code + 4 91745</u>)				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIV	TTY	<u> </u>			

Name of Person Filing: JUNN HC(MUNN)	File Number C- 00527			
B. Statement of Receipts Report all receipts from employers in connect or services.	tion with labor relations advice or services regardless of the purposes of the advice			
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			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS				
6. TOTAL RECEIPTS PROBLEM RELEINPLUTERS X STP PG	S· 2-3			
C. Statement of Disbursements Report all disbursements made by the	e reporting organization in connection with labor relations advice or services rendered			
to the employers listed in Part B. # See F9 · 2				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expe				
(5) (5) (6) (7)	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)			
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D. Schedule of Disbursements for Reportable Activity Use this Sc instructions	chedule to report only disbursements made for the purposes described in Part D of the s.			
15.a. Employer Name:	15.b. Trade Name, if any:			
GNE CONSULTING SENICES, Inc.				
15.c. To Whom Paid	15.d. Amount			
	\$43,488			
Name	\$45,000			
Title	15.e. Purpose			
Organization <u>ENE CONSULTING SENICES IN</u>	Consulting Services.			
P.O. Box, Building and Room Number, if any	Corbonn j			
Street 10950 Arron Rtc #871				
city <u>Pancho</u> Cucamanga				
l ,				
State ZIP Code + 4 917 29				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				

Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the a or services. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the a or services. State				
or services. 5.a. Name and Address of Employer (including trade name, if any). Employer				
Employer P.O. Box, Bldg., Room No., if any				
Attention To:				
Attention To:				
Attention To:				
Title				
5.b. Termination Date 5.c. Amount 6. TOTAL RECEIPTS FROM ALL EMPLOYERS # Sec past 2-3 C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services in 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				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	endered			
C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services r 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	endered			
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	endered			
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	endered			
(a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses				
9. Office and Administrative Expenses	•			
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 instructions.	D of the			
15.a. Employer Name: 15.b. Trade Name, if any:	15.b. Trade Name, if any:			
The Burke France				
	15.d. Amount			
Name \$\\$33,435				
	# 55, 105			
Organization The Burke from 15.e. Purpose				
Organization ITIC PORPE (1104) (CONSULTING SERVICES.	Consulting Strvices.			
P.O. Box, Building and Room Number, if any				
street 27407 Pacific Coast Hwy				
city Malibu				
State				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				