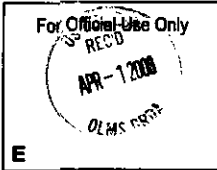


FORM LM-21

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

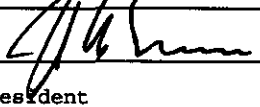
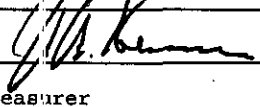
360499

1. File Number C- 00527	2. Period Covered By This Report From: 01 / 01 / 2007 Through: 12 / 31 / 2007
-------------------------	---

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  Title President On 03 / 06 / 2008 949-719-1962 Date Telephone Number	18. Signed  Title Treasurer On 03 / 06 / 2008 949-719-1962 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). Employer AMBASSADORS INTERNATIONAL Trade Name DBA: MAJESTIC AMERICAN LINE Attention To JOSEPH MCCARTHY Title VICE PRESIDENT, CORPORATE DEV.	Mailing Address: P.O. Box, Building and Room Number, if any Street 1071 CAMELBACK STREET City NEWPORT BEACH State California ZIP Code + 4 92260-3228
5.b. Termination Date 07/09/2007	5.c. Amount 124,963
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,021,348	

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		
AMERICAN CONSULTING	14,000	1,280	15,280	9. Office and Administrative Expenses	122,215
DOUGLAS MUIR	15,592	1,241	16,833	10. Publicity	10,425
ED HINKLE	50,980	17,134	68,114	11. Fees for Professional Services	14,847
	0	0	0	12. Loans Made	0
	0	0	0	13. Other Disbursements	34,027
8. Total disbursements to officers and employees:			536,881	14. Total Disbursements (Sum of Items 8-13)	718,395

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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 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 THE COCA-COLA COMPANY		P.O. Box, Bldg., Room No., if any	
Trade Name AMERICAN CANYON		Street 1 COCA-COLA PLAZA	
Attention To: ELIZABETH FINN JOHNSON		City ATLANTA	
Title SEN. LITIGATION&EMPLOYMENT COUNSEL		State Georgia ZIP Code + 4 30313	
5.b. Termination Date ON GOING		5.c. Amount 242,846	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer BASIC AMERICAN, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name DBA: HARRY'S FRESH FOODS		28 TH FLOOR	
Attention To: JOHN C BARNECUT		Street 600 MONTGOMERY	
Title VICE PRESIDENT & GENERAL COUNSEL		City SAN FRANCISCO	
		State California ZIP Code + 4 94111	
5.b. Termination Date ON GOING		5.c. Amount 166,386	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer CALL-A-HEAD		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 304 CROSBAY BOULEVARD	
Attention To: CHARLES HOWARD		City BROAD CHANNEL	
Title PRESIDENT		State New York ZIP Code + 4 11693	
5.b. Termination Date 08/03/2007		5.c. Amount 76,789	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer D.S. WATERS OF AMERICA, LP AND/OR		P.O. Box, Bldg., Room No., if any	
Trade Name ITS DESIGNATED AFFILIATES		SUITE 500	
Attention To: TOM HARRINGTON		Street 5660 NEW NORTHSIDE DRIVE	
Title PRESIDENT		City ATLANTA	
		State Georgia ZIP Code + 4 30328	
5.b. Termination Date ON GOING		5.c. Amount 308,363	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer PATTERSON COMPANIES, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name PATTERSON DENTAL		Street 1031 MENIOTA HEIGHTS ROAD	
Attention To: CAROL HALLEY		City ST PAUL	
Title ASSOCIATE GENERAL COUNSEL		State Minnesota ZIP Code + 4 55120	
5.b. Termination Date 06/19/2007		5.c. Amount 39,560	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer RALEY'S SUPERMARKETS		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 500 WEST CAPITOL AVENUE	
Attention To: JEFFREY SZCZENSNY		City WEST SACRAMENTO	
Title VICE PRESIDENT OF HUMAN RESOURCES		State California ZIP Code + 4 95605	
5.b. Termination Date 10/20/07		5.c. Amount 62,513	

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, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	ZIP Code + 4
Title			
5.b. Termination Date		5.c. Amount 0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	ZIP Code + 4
Title			
5.b. Termination Date		5.c. Amount 0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	ZIP Code + 4
Title			
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	ZIP Code + 4
Title			
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	ZIP Code + 4
Title			
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	ZIP Code + 4
Title			
5.b. Termination Date		5.c. Amount	

C. Statement of Disbursements

7. Disbursements to Officers and Employers:

[illegible]