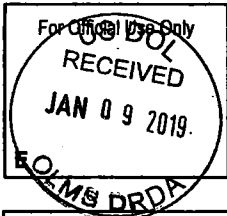


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 88-257, 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

686872

1. File Number C- 00527	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2018		12 / 31 / 2018

A. Person Filing

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

Name **JOHN M HERMANN**
Title **CHIEF EXECUTIVE OFFICER**
Organization **LABOR RELATIONS SERVICES, INC.**
P.O. Box, Building and Room Number, if any
Street **2 PINNACLE PT**
City **NEWPORT COAST**
State **California** ZIP Code + 4 **92657**

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

Name
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 **1/2/2019** (949) 719-1962
Date Telephone Number

18. Signed
Title **Treasurer**
On **1/2/2019** (949) 719-1962
Date Telephone Number

Name of Person Filing: <u>John Hermann</u>	File Number C- <u>00527</u>
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>FISHER PRINTING</u></p> <p>Trade Name _____</p> <p>Attention To <u>BRIAN</u> <input type="checkbox"/> <u>FISCHER</u></p> <p>Title <u>PRESIDENT</u></p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>8640 SOUTH OKETO AVE.</u></p> <p>City <u>BRIDGEVIEW</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60455</u></p>
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5.b. Termination Date <u>5/2/18</u>	5.c. Amount <u>11,000</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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	
<u>JOHN M HERMANN</u>	<u>163,000</u>	<u>59520</u>	<u>222,520</u>	9. Office and Administrative Expenses <u>24,768</u>
<input type="checkbox"/> _____	_____	_____	_____	10. Publicity <u>975</u>
<input type="checkbox"/> _____	_____	_____	_____	11. Fees for Professional Services <u>452,872</u>
<input type="checkbox"/> _____	_____	_____	_____	12. Loans Made _____
<input type="checkbox"/> _____	_____	_____	_____	13. Other Disbursements <u>0</u>
8. Total disbursements to officers and employees: <u>222,520</u>				14. Total Disbursements (Sum of Items 8-13) <u>478,615</u>

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.

<p>15.a. Employer Name:</p> <p><u>N/A</u></p>	<p>15.b. Trade Name, If any:</p> <p>_____</p>
<p>15.c. To Whom Paid</p> <p>Name <u>ED HINKLE</u></p> <p>Title _____</p> <p>Organization _____</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>12705 RIDGEPATH LANE</u></p> <p>City <u>KNOXVILLE</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37922</u></p>	<p>15.d. Amount <u>314,413</u></p> <p>15.e. Purpose</p> <p><u>CONSULTING SERVICES.</u></p>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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). Employer WISMETTAC ASIAN FOODS, INC. Trade Name _____ Attention To KONISHI HIKARI Title HUMAN RESOURCES MANAGER	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street 13409 ORDEN DR. City SANTA FE SPRINGS State California ZIP Code + 4 90670
5.b. Termination Date 12/31/18	5.c. Amount 689,226
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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: GNE CONSULTING SERVICES	15.b. Trade Name, if any: 	
15.c. To Whom Paid Name GUS FLORES Title PRESIDENT Organization GNE CONSULTING SERVICES P.O. Box, Building and Room Number, if any _____ Street P.O. BOX 871 City RANCHO CUCAMONGA State California ZIP Code + 4 91729	15.d. Amount 60,000 15.e. Purpose CONSULTING SERVICES.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

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 <input style="width: 90%;" type="text"/>	P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/>
Trade Name <input style="width: 90%;" type="text"/>	Street <input style="width: 90%;" type="text"/>
Attention To <input style="width: 40%;" type="text"/> <input style="width: 10%; border: 1px solid black; display: inline-block; width: 10px; height: 10px; vertical-align: middle; margin: 0 5px;" type="checkbox"/> <input style="width: 40%;" type="text"/>	City <input style="width: 80%;" type="text"/>
Title <input style="width: 90%;" type="text"/>	State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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		
<input style="width: 80%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 10px; height: 10px; vertical-align: middle;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	9. Office and Administrative Expenses	<input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 10px; height: 10px; vertical-align: middle;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	10. Publicity	<input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 10px; height: 10px; vertical-align: middle;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	11. Fees for Professional Services	<input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 10px; height: 10px; vertical-align: middle;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	12. Loans Made	<input style="width: 80%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 10%; border: 1px solid black; display: inline-block; width: 10px; height: 10px; vertical-align: middle;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	13. Other Disbursements	<input style="width: 80%;" type="text"/>
8. Total disbursements to officers and employees:					14. Total Disbursements (Sum of Items 8-13)	<input style="width: 80%;" type="text"/>

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: REDSTONE ENTERPRISES	15.b. Trade Name, If any:
15.c. To Whom Paid Name DAVID ACOSTA Title PRESIDENT Organization REDSTONE ENTERPRISES, INC. P.O. Box, Building and Room Number, if any <input style="width: 300px; height: 20px;" type="text"/> Street 5415 E. WILLOWICK CIRCLE City ANAHEIM State California ZIP Code + 4 92807	15.d. Amount 64,083.84 15.e. Purpose CONSULTING SERVICES.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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 <input style="width: 90%;" type="text"/>		P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/>	
Trade Name <input style="width: 90%;" type="text"/>		Street <input style="width: 90%;" type="text"/>	
Attention To <input style="width: 20%;" type="text"/> <input style="width: 5%;" type="checkbox"/> <input style="width: 25%;" type="text"/>		City <input style="width: 60%;" type="text"/>	
Title <input style="width: 90%;" type="text"/>		State <input style="width: 20%;" type="text"/>	ZIP Code + 4 <input style="width: 20%;" type="text"/>

5.b. Termination Date <input style="width: 80%;" type="text"/>	5.c. Amount <input style="width: 80%;" type="text"/>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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	
<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	9. Office and Administrative Expenses <input style="width: 20%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	10. Publicity <input style="width: 20%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	11. Fees for Professional Services <input style="width: 20%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	12. Loans Made <input style="width: 20%;" type="text"/>
<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	<input style="width: 5%;" type="checkbox"/>	<input style="width: 80%;" type="text"/>	13. Other Disbursements <input style="width: 20%;" type="text"/>

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 Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: FLORES LABOR RELATIONS, INC.	15.b. Trade Name, If any:
15.c. To Whom Paid Name CARLOS FLORES Title PRESIDENT Organization FLORES LABOR RELATIONS, INC. P.O. Box, Building and Room Number, if any <input style="width: 100%;" type="text"/> Street 3000 AVENIDA CIMA DEL SOL City TEMECULA State California ZIP Code + 4 92591	15.d. Amount 15,000. 15.e. Purpose CONSULTING SERVICES.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

P9.5/5