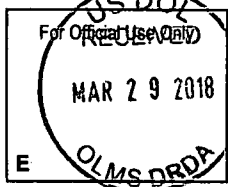


FORM LM-21

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

670262

1. File Number C- 00527	2. Period Covered By This Report From: 01/01/2017 Through: 12/31/2017
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name JOHN M HERMANN	4. Any other address where records necessary to verify this report are kept:
Title CHIEF EXECUTIVE OFFICER	Name
Organization LABOR RELATIONS SERVICES, INC.	Title
P.O. Box, Building and Room Number, if any	Organization
Street 2 PINNACLE PT	P.O. Box, Building and Room Number, if any
City NEWPORT COAST	Street
State California ZIP Code + 4 92657	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 John M. Hermann Title President On 3/20/2018 (949) 719-1962 Date Telephone Number	18. Signed John M. Hermann Title Treasurer On 3/20/2018 (949) 719-1962 Date Telephone Number
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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 DS SERVICES OF AMERICA	P.O. Box, Building and Room Number, if any STE 500N
Trade Name 	Street 2300 WINDY RIDGE PARKWAY
Attention To TOM <input type="checkbox"/> HARRINGTON	City ATLANTA
Title PRESIDENT	State Georgia ZIP Code + 4 30339

5.b. Termination Date **3/21/17** 5.c. Amount **128,063**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **1,239,659**

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		
JOHN <input checked="" type="checkbox"/> M HERMANN	100,000	48,542	148,542	9. Office and Administrative Expenses	19,290
<input type="checkbox"/> 				10. Publicity	720
<input type="checkbox"/> 				11. Fees for Professional Services	787,718
<input type="checkbox"/> 				12. Loans Made	0
<input type="checkbox"/> 				13. Other Disbursements	
8. Total disbursements to officers and employees:				148,542	14. Total Disbursements (Sum of Items 8-13) 956,270

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: n/a	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 316,632
Name ED <input type="checkbox"/> HINKLE Title Organization P.O. Box, Building and Room Number, if any Street 12705 RIDGEPATH LANE City KNOXVILLE State Tennessee ZIP Code + 4 37922	15.e. Purpose CONSULTING SERVICES.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 787,718	

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	EBY-BROWN COMPANY, LLC	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	280 W. SHUMAN BLVD.
Attention To:	RICK THORGESEN	City	NAPERVILLE
Title	EXEC. VP OF HUMAN RESOURCES	State	Illinois ZIP Code + 4 60542
5.b. Termination Date 5/31/17		5.c. Amount 221,263	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	DS SERVICES OF AMERICA- FRESNO	P.O. Box, Bldg., Room No., if any	STE 500N
Trade Name		Street	2300 WINDY RIDGE PARKWAY
Attention To:	TOM HARRINGTON	City	ATLANTA
Title	PRESIDENT	State	Georgia ZIP Code + 4 30339
5.b. Termination Date 10/05/2017		5.c. Amount 22,500	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	FCi FEDERAL	P.O. Box, Bldg., Room No., if any	STE 300
Trade Name		Street	20135 LAKEVIEW CENTER PLAZA
Attention To:	SUSAN KIRTON	City	ASHBURN
Title	HUMAN RESOURCES	State	Virginia ZIP Code + 4 20147
5.b. Termination Date 02/09/2017		5.c. Amount 27,375	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	PAREX USA, INC.	P.O. Box, Bldg., Room No., if any	STE 250
Trade Name		Street	4125 E LA PALMA AVE
Attention To:	MONA MEJIA	City	ANAHEIM
Title	HUMAN RESOURCES	State	California ZIP Code + 4 92807
5.b. Termination Date 02/01/2017		5.c. Amount 32,063	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	WISMETTAC ASIAN FOODS, INC.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	13409 ORDEN DRIVE
Attention To:	KONISHI HIKARI	City	SANTA FE SPRINGS
Title	HUMAN RESOURCES MANAGER	State	California ZIP Code + 4 90670
5.b. Termination Date 12/31/2017		5.c. Amount 808,395	
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	

Name of Person Filing: JOHN HERMANN

File Number C- 00527

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, INC.

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

Street 5415 E. WILLOWICK CIRCLE

City ANAHEIM

State California ZIP Code + 4 92807

15.d. Amount 121,813

15.e. Purpose

CONSULTING SERVICES.

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 107,925

15.e. Purpose

CONSULTING SERVICES.

15.a. Employer Name:

ACTION RESOURCES

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ALEX CASILLAS

Title PRESIDENT

Organization ACTION RESOURCES

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

Street 3892 BROOK HILLS RD.

City FALLBROOK

State California ZIP Code + 4 92028

15.d. Amount 16,000

15.e. Purpose

CONSULTING SERVICES.

Name of Person Filing: JOHN HERMANN

File Number C- 00527

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: EMSI CONSULTING, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid Name <input type="checkbox"/> ED <input type="checkbox"/> VILLANUEVA Title <input type="checkbox"/> MANAGER Organization <input type="checkbox"/> EMSI CONSULTING, LLC P.O. Box, Building and Room Number, if any #203 Street <input type="checkbox"/> 5591 CANNES CIRCLE City <input type="checkbox"/> SARASOTA State <input type="checkbox"/> Florida ZIP Code + 4 <input type="checkbox"/> 34231	15.d. Amount <input type="checkbox"/> 31,173 15.e. Purpose CONSULTING.

15.a. Employer Name: FLORES LABOR RELATIONS, INC.	15.b. Trade Name, If any:
15.c. To Whom Paid Name <input type="checkbox"/> CARLOS <input type="checkbox"/> FLORES Title <input type="checkbox"/> PRESIDENT Organization <input type="checkbox"/> FLORES LABOR RELATIONS, INC. P.O. Box, Building and Room Number, if any Street <input type="checkbox"/> 3000 AVENIDA CIMA DEL SOL City <input type="checkbox"/> TEMECULA State <input type="checkbox"/> California ZIP Code + 4 <input type="checkbox"/> 92591	15.d. Amount <input type="checkbox"/> 84,413 15.e. Purpose CONSULTING.

15.a. Employer Name: INDEPENDENT CENTER FOR WORKER EDU INC.	15.b. Trade Name, If any:
15.c. To Whom Paid Name <input type="checkbox"/> Rian <input type="checkbox"/> Wathen Title <input type="checkbox"/> Organization <input type="checkbox"/> INDEPENDENT CENTER FOR WORKER EDU, INC. P.O. Box, Building and Room Number, if any Street <input type="checkbox"/> 1480 LAUREL OAK DRIVE City <input type="checkbox"/> AVON State <input type="checkbox"/> Indiana ZIP Code + 4 <input type="checkbox"/> 46123	15.d. Amount <input type="checkbox"/> 33,131 15.e. Purpose CONSULTING.

Name of Person Filing: JOHN HERMANN

File Number C- 00527

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:
n/a

15.b. Trade Name, if any:

15.c. To Whom Paid

Name TERREN ☐ BECKER

Title

Organization

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

Street 1235 RIVERVIEW DRIVE

City FALLBROOK

State California ZIP Code + 4 92028

15.d. Amount 11,156

15.e. Purpose

CONSULTING.

15.a. Employer Name:

DAVID J. BURKE & ASSOCIATES

15.b. Trade Name, if any:

THE BURKE GROUP

15.c. To Whom Paid

Name ☐

Title

Organization THE BURKE GROUP

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

Street 27407 PACIFIC COAST HIGHWAY

City MALIBU

State California ZIP Code + 4 90265

15.d. Amount 65,475

15.e. Purpose

CONSULTING.

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