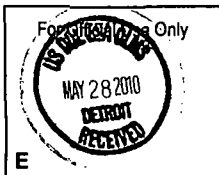


FORM LM-21

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

431237

1. File Number C- <u>682</u>	2. Period Covered By This Report From: <u>1/1/08</u> Through: <u>12/31/08</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>John P. Hermonn Jr</u> Title <u>PRESIDENT</u> Organization <u>The Hermonn Group</u> P.O. Box, Building and Room Number, if any <u># 101</u> Street <u>3504 JEFFERSON</u> City <u>HARRISON TWP.</u> State <u>Michigan</u> ZIP Code + 4 <u>48045-2864</u>	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 <u>[Signature]</u> Title <u>President</u> President (if other title, see instructions)	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> Treasurer (if other title, see instructions)
On <u>5/27/2010</u> <u>596 909-8133</u> Date Telephone Number	On <u>5/27/2010</u> <u>596 909-8133</u> Date Telephone Number

Name of Person Filing:	File Number C-
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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 <u>CINTAS CORPORATION</u>	P.O. Box, Building and Room Number, if any <u>6900 CINTAS BLDG</u>
Trade Name <u>Same</u>	Street <u>6900 CINTAS BLDG.</u>
Attention To <u>John Miller</u>	City <u>MASON</u>
Title <u>PRESIDENT</u>	State <u>OHIO</u> ZIP Code + 4 <u>53624-5137</u>

5.b. Termination Date MAY 2008 5.c. Amount 95,968

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 Miller</u>				9. Office and Administrative Expenses
<u>John Miller</u>			<u>95,968</u>	10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees: <u>95,968</u>				14. Total Disbursements (Sum of Items 8-13) <u>95,968</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.

15.a. Employer Name: <u></u>	15.b. Trade Name, If any: <u></u>
15.c. To Whom Paid	15.d. Amount <u></u>
Name <u></u>	15.e. Purpose <div style="border: 1px solid black; height: 150px;"></div>
Title <u></u>	
Organization <u></u>	
P.O. Box, Building and Room Number, if any <u></u>	
Street <u></u>	
City <u></u>	
State <u>Washington</u> ZIP Code + 4 <u></u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	