

# 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

645582

1. File Number C- 00527	2. Period Covered By This Report From: 01/01/2016 Through: 12/31/2016
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<b>A. Person Filing</b>	
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	SUITE 190
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	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State	

### 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	President (if other title, see instructions)
Title	President
On 03/29/2017	(949) 719-1962
Date	Telephone Number
18. Signed	Treasurer (If other title, see instructions)
Title	Treasurer
On 03/29/2017	(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).

Mailing Address:

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

Employer Don Levy Laboratories

Trade Name

Street 11165 Delaware Parkway

Attention To

Tim

Don Levy

City

Crown Point

Title

President

State

Indiana

ZIP Code + 4

46307

5.b. Termination Date 4/23/2016

5.c. Amount 18,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS ~~18,000~~ 380,542.00**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	M	Hermann	21,857	23,345	45,202	9. Office and Administrative Expenses	7,435
Nina		Mostajo	9,816	600	10,416	10. Publicity	0
			0	0	0	11. Fees for Professional Services	380,562
			0		0	12. Loans Made	0
						13. Other Disbursements	0
8. Total disbursements to officers and employees:					55,618	14. Total Disbursements (Sum of Items 8-13)	443,615

**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

15.d. Amount

Title

15.e. Purpose

Organization

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

Street

City

State

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: JOHN HERMANN		File Number C- 00527	
<b>B. Statement of Receipts</b> 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: FCI Federal		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 20135 Lakeview Center Plaza STE 300	
Attention To: Susan Kirton		City: Ashburn	
Title: Chief Administration Officer		State: Virginia ZIP Code + 4: 20147	
5.b. Termination Date: 12/3/2016		5.c. Amount: 76,490	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Premium Waters, Inc. - Tennessee		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 2100 Summerstreet NE #2000	
Attention To: Betsy Copiskey		City: Minneapolis	
Title: Human Resources Director		State: Minnesota ZIP Code + 4: 55413	
5.b. Termination Date: 7/23/2016		5.c. Amount: 9,675	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Quad County Ready Mix		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 9240 E. Sahara Rd.	
Attention To: Neil J. Hustedde		City: Mount Vernon	
Title: Vice President of Operations		State: Illinois ZIP Code + 4: 62864	
5.b. Termination Date: 7/9/2016		5.c. Amount: 6,525	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Sunshine Electronic Display		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 316 6th Street	
Attention To: Kendall L. Randolph		City: St. Joseph	
Title: Chief Executive Officer		State: Missouri ZIP Code + 4:	
5.b. Termination Date: 9/3/2016		5.c. Amount: 239,063	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: The Townsend Corporation		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 1015 W. Jackson Street	
Attention To: Phil Chambers		City: Muncie	
Title: President & CEO		State: Indiana ZIP Code + 4: 47305	
5.b. Termination Date: 4/15/2016		5.c. Amount: 30,810	
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: 0	