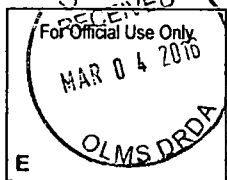


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

606155

1. File Number C- <input type="text" value="00527"/>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	<input type="text" value="JOHN"/> <input type="text" value="M"/> <input type="text" value="HERMANN"/>
Title	<input type="text" value="CHIEF EXECUTIVE OFFICER"/>
Organization	<input type="text" value="LABOR RELATIONS SERVICES, INC."/>
P.O. Box, Building and Room Number, if any	<input type="text" value="SUITE 190"/>
Street	<input type="text" value="24 CORPORATE PLAZA"/>
City	<input type="text" value="NEWPORT BEACH"/>
State	<input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92660"/>
4. Any other address where records necessary to verify this report are kept:	
Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>
P.O. Box, Building and Room Number, if any	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> ZIP Code + 4 <input type="text"/>

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)	18. Signed	Treasurer (If other title, see instructions)
Title <input type="text" value="President"/>		Title <input type="text" value="Treasurer"/>	
On <input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>	<input type="text" value="(949) 719-1962"/>	On <input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>	<input type="text" value="(949) 719-1962"/>
Date	Telephone Number	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 Fisher Printing, Inc.

Trade Name

Street

8640 South Oketo Ave.

Attention To Willard

Fischer

City

Bridgeview

Title

CEO

State

Illinois

ZIP Code + 4

60455

5.b. Termination Date 5/23/2015

5.c. Amount 268,856

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 417,410

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	81,209	0	81,209	9. Office and Administrative Expenses	5,345
Nina		Mostajo	49,403	600	50,003	10. Publicity	0
Shaunna		Schnitker	7,251	0	7,251	11. Fees for Professional Services	338,575
			0		0	12. Loans Made	0
						13. Other Disbursements	
8. Total disbursements to officers and employees:					138,463	14. Total Disbursements (Sum of Items 8-13)	482,383

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

15.d. Amount

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

15.e. Purpose

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 type="text" value="Healthcare Labor Solutions"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Robert"/> <input type="checkbox"/> <input type="text" value="Long"/> Title <input type="text" value="President"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="27762 Antonio Parkway L1-645"/> City <input type="text" value="Ladera Ranch"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92694"/>		
5.b. Termination Date <input type="text" value="1/31/2015"/>	5.c. Amount <input type="text" value="5,333"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Home Instead Senior Care (Merrillville)"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Sandi"/> <input type="checkbox"/> <input type="text" value="Haywood"/> Title <input type="text" value="President"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="238 E. 90th Drive"/> City <input type="text" value="Merrillville"/> State <input type="text" value="Indiana"/> ZIP Code + 4 <input type="text" value="46410"/>		
5.b. Termination Date <input type="text" value="10/4/2015"/>	5.c. Amount <input type="text" value="4,500"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Laboratory Corporation of America-San Diego"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Drew"/> <input type="checkbox"/> <input type="text" value="Chakeres"/> Title <input type="text" value="Vice President"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="531 S. Spring Street"/> City <input type="text" value="Burlington"/> State <input type="text" value="North Carolina"/> ZIP Code + 4 <input type="text" value="27215"/>		
5.b. Termination Date <input type="text" value="10/10/2015"/>	5.c. Amount <input type="text" value="38,644"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Laboratory Corporation of America-New York"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Drew"/> <input type="checkbox"/> <input type="text" value="Chakeres"/> Title <input type="text" value="Vice President"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="531 S. Spring Street"/> City <input type="text" value="Burlington"/> State <input type="text" value="North Carolina"/> ZIP Code + 4 <input type="text" value="27215"/>		
5.b. Termination Date <input type="text" value="11/14/2015"/>	5.c. Amount <input type="text" value="56,663"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="ProBuild Company, LLC"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Brian"/> <input type="checkbox"/> <input type="text" value="Allen"/> Title <input type="text" value="General Manager"/>	P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1717 W. Washington Street"/> City <input type="text" value="Indianapolis"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="46222"/>		
5.b. Termination Date <input type="text" value="10/16/2015"/>	5.c. Amount <input type="text" value="15,300"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Sheehan Family Companies"/> Trade Name <input type="text"/> Attention To: <input type="text" value="Brian"/> <input type="checkbox"/> <input type="text" value="McGuire"/> Title <input type="text" value="Vice President of Operations"/>	P.O. Box, Bldg., Room No., if any <input type="text" value="PO Box K"/> Street <input type="text" value="35 Elder Avenue"/> City <input type="text" value="Kingston"/> State <input type="text" value="Massachusetts"/> ZIP Code + 4 <input type="text" value="02364"/>		
5.b. Termination Date <input type="text" value="12/19/15"/>	5.c. Amount <input type="text" value="28,114"/>		