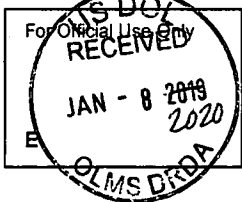


FORM LM-21

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 Reporting and Disclosure Act of 1959, as amended (LMRDA).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

713667

1. File Number C- 00527	2. Period Covered By This Report From: 1/1/2019 Through: 12/31/2019	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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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 CA 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 <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>1/4/2020</u> Date	<u>(949) 719-1962</u> Telephone Number	On <u>1/4/2020</u> Date	<u>(949) 719-1962</u> Telephone Number

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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.

5.a. Name and Address of Employer (including trade name, if any). Employer <u>Wismettac Asian Foods, Inc.</u> Trade Name _____ Attention To: <u>Konishi Hikari</u> Title <u>Human Resources Manager</u>		Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street <u>13409 Orden Dr.</u> City <u>Santa Fe Springs</u> State <u>CA</u> ZIP Code + 4 <u>90670</u>	
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5.b. Termination Date <u>12/31/19</u>	5.c. Amount <u>\$279,431</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>\$703,931</u>

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>104,000</u>	<u>49,000</u>	<u>153,000</u>	9. Office and Administrative Expenses	<u>22,560</u>
				10. Publicity	<u>879</u>
				11. Fees for Professional Services	<u>383,653</u>
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				<u>153,000</u>	14. Total Disbursements (Sum of Items 8 - 13) <u>560,100</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>NIA</u>	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Ed Hinkle</u> Title _____ Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>12705 Ridgeway Lane</u> City <u>Knoxville</u> State <u>TN</u> ZIP Code + 4 <u>37922</u>	15.d. Amount <u>\$152,599</u> 15.e. Purpose <u>Consulting Services</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>DS Services of America, Inc.</u>		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street <u>2300 Windy Ridge Pkwy #500N</u>	
Attention To: <u>Steve Erdman</u>		City <u>Atlanta</u>	
Title <u>VP of Human Resources</u>		State <u>GA</u>	ZIP Code + 4 <u>30339</u>

5.b. Termination Date <u>7/16/19</u>	5.c. Amount <u>\$424,500</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>\$703,931</u>

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.

** See pg. 2 **

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: <u>Labor Information Services</u>	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name _____	<u>\$40,270</u>
Title _____	15.e. Purpose
Organization <u>Labor Information Services</u>	<u>consulting services.</u>
P.O. Box, Building and Room Number, if any _____	
Street <u>27407 Pacific Coast Hwy</u>	
City <u>Malibu</u>	
State <u>CA</u> ZIP Code + 4 <u>90265</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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.	
5.a. Name and Address of Employer (including trade name, if any). Employer _____ Trade Name _____ Attention To: _____ Title _____	Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____
5.b. Termination Date _____	5.c. Amount _____
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>* See pgs. 2-3 *</u>	

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. <u>* See pg. 2 *</u>					
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: <u>Redstone Enterprises, Inc.</u>	15.b. Trade Name, if any: _____
15.c. To Whom Paid Name <u>David Acosta</u> Title <u>President</u> Organization <u>Redstone Enterprises, Inc.</u> P.O. Box, Building and Room Number, if any _____ Street <u>5415 E. Willowick Circle</u> City <u>Anaheim</u> State <u>CA</u> ZIP Code + 4 <u>92807</u>	15.d. Amount <u>\$52,781</u> 15.e. Purpose <u>Consulting Services.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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.

5.a. Name and Address of Employer (including trade name, if any). Employer _____ Trade Name _____ Attention To: _____ Title _____	Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____
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5.b. Termination Date	5.c. Amount
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS * see pgs. 2-3 *

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. * see pg. 2 *

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: <u>The Redd Group, LLC</u>	15.b. Trade Name, if any: _____
15.c. To Whom Paid Name _____ Title _____ Organization <u>The Redd Group, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>4900 California Ave, Tower B, 2nd floor</u> City <u>Bakersfield</u> State <u>CA</u> ZIP Code + 4 <u>93309</u>	15.d. Amount <u>\$4,375</u> 15.e. Purpose <u>consulting services.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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.

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 _____
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS *see pgs. 2-3

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. *see pg. 2*

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: <u>EMSI Consulting, LLC</u>	15.b. Trade Name, if any: _____
15.c. To Whom Paid Name _____ Title _____ Organization <u>EMSI Consulting, LLC</u> P.O. Box, Building and Room Number, if any _____ Street <u>1402 Blenbury Dr.</u> City <u>Diamond Bar</u> State <u>CA</u> ZIP Code + 4 <u>91765</u>	15.d. Amount <u>\$ 32,406</u> 15.e. Purpose <u>Consulting Services.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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.

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 _____
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>* SEE PGS. 2-3</u>
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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. * SEE PG. 2

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: <u>GNE Consulting Services, Inc.</u>	15.b. Trade Name, if any: _____
15.c. To Whom Paid	15.d. Amount
Name _____	<u>\$ 43,688</u>
Title _____	15.e. Purpose
Organization <u>GNE Consulting Services, Inc.</u>	<u>consulting services.</u>
P.O. Box, Building and Room Number, if any _____	
Street <u>10950 Arrow Rte #871</u>	
City <u>Rancho Cucamonga</u>	
State <u>CA</u> ZIP Code + 4 <u>91729</u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: John HermannFile 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 _____

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

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

* See pgs. 2-3**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. * See pg. 2

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:

The Burke Group

15.b. Trade Name, if any:

15.c. To Whom Paid:

Name _____

Title _____

Organization The Burke Group

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

Street 27407 Pacific Coast HwyCity MalibuState CA ZIP Code + 4 90265

15.d. Amount

\$ 33,435

15.e. Purpose

Consulting Services.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY