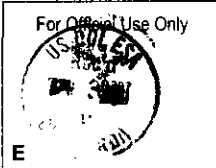


FORM LM-21

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

1. File Number C- 00527	325377	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		From:	01 / 01 / 2006		12 / 31 / 2006

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name JOHN M HERMANN	Name NONE
Title PRESIDENT & CEO	Title
Organization LABOR RELATIONS SERVICES, INC.	Organization
P.O. Box, Building and Room Number, if any SUITE 100	P.O. Box, Building and Room Number, if any
Street 24 CORPORATE PLAZA	Street
City NEWPORT BEACH	City
State California ZIP Code + 4 92660	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>John M. Hermann</u>	President (if other title, see instructions)	18. Signed <u>John M. Hermann</u>	Treasurer (If other title, see instructions)
Title President		Title Treasurer	
On <u>03 / 27 / 2007</u>	<u>949-719-1962</u>	On <u>03 / 27 / 2007</u>	<u>949-719-1962</u>
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 ADECCO USA, INC.	
Trade Name	Street 175 BROAD HOLLOW ROAD
Attention To DIANA R KARABELAS	City MELVILLE
Title CHIEF LEGAL COUNSEL	State New York ZIP Code + 4 11747
5.b. Termination Date 04/19/2006	5.c. Amount 5,612
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,784,243	

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			
ACTION RESOURCES	24,412	3,616	28,028	9. Office and Administrative Expenses	177,811	
AMERICAN CONSULTING GROUP	800	0	800	10. Publicity	9,580	
CONNECTION RESOURCE GROUP	813	80	893	11. Fees for Professional Services	21,302	
DELIA VITAL	25,495	6,726	32,221	12. Loans Made	0	
DOUGLAS MUIR	69,282	5,692	74,974	13. Other Disbursements	123,616	
8. Total disbursements to officers and employees:				793,431	14. Total Disbursements (Sum of Items 8-13) 1,125,740	

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	15.e. Purpose	
Title		
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. 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 ALLIED HOME CARE		P.O. Box, Bldg., Room No., if any SUITE G	
Trade Name		Street 6350 WESTHAVEN DRIVE	
Attention To: PATRICIA HAYES		City INDIANAPOLIS	
Title ADMINISTRATOR		State Indiana ZIP Code + 4 46254	
5.b. Termination Date 09/12/2006		5.c. Amount 688	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer ANSWER FINANCIAL, INC.		P.O. Box, Bldg., Room No., if any 14TH FLOOR	
Trade Name		Street 15910 VENTURA BOULEVARD	
Attention To: JAMES CLOUGH		City ENCINO	
Title SENIOR VICE PRESIDENT		State California ZIP Code + 4 91436	
5.b. Termination Date 07/21/2006		5.c. Amount 169,908	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer ATLAS MECHANICAL, INC.		P.O. Box, Bldg., Room No., if any SUITE B	
Trade Name		Street 8260 CAMINO SANTA FE	
Attention To: SAM SHEKHTER		City SAN DIEGO	
Title PRESIDENT & CEO		State California ZIP Code + 4 92121	
5.b. Termination Date 11/27/2006		5.c. Amount 34,630	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer AYRES HOTELS		P.O. Box, Bldg., Room No., if any SUITE F	
Trade Name		Street 355 BRISTOL STREET	
Attention To: JAMES ROOS		City COSTA MESA	
Title PRESIDENT		State California ZIP Code + 4 92626-7923	
5.b. Termination Date 03/07/2006		5.c. Amount 7,500	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer COCA-COLA COMPANY		P.O. Box, Bldg., Room No., if any P.O. BOX 2079	
Trade Name		Street	
Attention To: RICHARD LYNN		City HOUSTON	
Title DIRECTOR OF LABOR RELATIONS		State Texas ZIP Code + 4 77252-2079	
5.b. Termination Date 09/12/2006		5.c. Amount 106,077	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer D.S. WATERS OF AMERICA, LP AND/OR		P.O. Box, Bldg., Room No., if any SUITE 500	
Trade Name ITS DESIGNATED AFFILIATES		Street 5660 NEW NORTHSIDE DRIVE	
Attention To: GREG CHAFEE		City ATLANTA	
Title INTERNAL LEGAL COUNSEL		State Georgia ZIP Code + 4 30328	
5.b. Termination Date ON GOING		5.c. Amount 34,070	

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 EKF MANAGEMENT COMPANY		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 7750 MICHIGAN ROAD	
Attention To: ETELKA FROYMOVICH		City INDIANAPOLIS	
Title PRESIDENT & CEO		State Indiana ZIP Code + 4 46286	
5.b. Termination Date 07/17/2006		5.c. Amount 16,175	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer ENGINEERED CERAMICS		P.O. Box, Bldg., Room No., if any	
Trade Name		P.O. BOX 365	
Attention To: ROBERT SIMPSON		Street ROUTE 72	
Title GENERAL MANAGER		City GILBERTS	
		State Illinois ZIP Code + 4 60136	
5.b. Termination Date 04/14/2006		5.c. Amount 13,802	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer FISHER PRINTING, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2557 NORTH PACIFIC STREET	
Attention To: WILLARD FISCHER		City ORANGE	
Title PRESIDENT & CEO		State California ZIP Code + 4 92865	
5.b. Termination Date 08/03/2006		5.c. Amount 86,084	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer GO KIDS, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 885 MORRO DRIVE	
Attention To: LARRY DRURY		City GILROY	
Title EXECUTIVE DIRECTOR		State California ZIP Code + 4 95020	
5.b. Termination Date 12/05/2006		5.c. Amount 69,620	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer GRAIN PROCESSING CORPORATION		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1443 S. 100 W.	
Attention To: LISA KLOPFENSTEIN		City WASHINGTON	
Title MANAGER OF HUMAN RESOURCES		State Indiana ZIP Code + 4 47501	
5.b. Termination Date 10/16/2006		5.c. Amount 938	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer HAWKER PACIFIC AEROSPACE		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 11240 SHERMAN WAY	
Attention To: DENNIS JACOBS		City SUN VALLEY	
Title CHIEF FINANCIAL OFFICER		State California ZIP Code + 4 91352	
5.b. Termination Date 12/06/2006		5.c. Amount 349,322	

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 LABOR INFORMATION SERVICES		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 27407 PACIFIC COAST HIGHWAY	
Attention To: MARTA DE LOS RIOS		City MALIBU	
Title OFFICE MANAGER		State California ZIP Code + 4 90265	
5.b. Termination Date 09/05/2006		5.c. Amount 23,239	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer NATIONAL CHILDREN'S CENTER, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 6200 SECOND STREET, NW	
Attention To: ARTHUR M GINSBERG		City WASHINGTON	
Title CHIEF EXECUTIVE OFFICER		State District of Columbia ZIP Code + 4 20011	
5.b. Termination Date 01/31/2006		5.c. Amount 812	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer ODWALLA, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 120 STONE PINE ROAD	
Attention To: SUSAN KIRMAYER		City HALF MOON BAY	
Title VICE PRESIDENT OF HUMAN RESOURCES		State California ZIP Code + 4 94019	
5.b. Termination Date 12/11/2006		5.c. Amount 293,723	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer OKLAND CONSTRUCTION COMPANY		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1978 SOUTH WEST TEMPLE	
Attention To: JOHN MCENTIRE		City SALT LAKE CITY	
Title SECRETARY/TREASURER & C.F.O.		State Utah ZIP Code + 4 84115	
5.b. Termination Date 04/04/2006		5.c. Amount 173,914	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer UNITED SITE SERVICES		P.O. Box, Bldg., Room No., if any	
Trade Name		SUITE 4000	
Attention To: MARK SAN FRATELLO		Street 200 FRIBERG PARKWAY	
Title CHIEF OPERATIONS OFFICER		City WESTBOROUGH	
		State Massachusetts ZIP Code + 4 01582	
5.b. Termination Date 08/22/2006		5.c. Amount 282,837	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer WORLD SUPER SERVICES, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 4980 E. BEVERLY ROAD	
Attention To: JOHN BOULTIER		City PHOENIX	
Title PRESIDENT		State Arizona ZIP Code + 4 85044	
5.b. Termination Date 09/13/2006		5.c. Amount 115,230	

