U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 03-31-2019

This report is mandatory under P.L. 88-257, 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)

For Official Lee (Only)	LLY BEFORE PREPARING THIS REPORT  670262
1 . File Number C-00527	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyy) Through: Month/Day/Year (mm/dd/yyy) Through: 12/31/2017
A. Person Filing  3. Name and mailing address (include ZIP Code):  Name	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
Signa	itures
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).  17. Signed  President  (if other title, see instructions)	es of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,  18. Signed  Treasurer  (If other title, see instructions)

Date

Telephone Number

Telephone Number

Date

Name of Person Filing: JOHN HERMANN	File Number C- 00527
B. Statement of Receipts Report all receipts from employers in connection wit or services.	n labor relations advice or services regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any
Employer DS SERVICES OF AMERICA	STE 500N
Trade Name	Street 2300 WINDY RIDGE PARKWAY
Attention To TOM HARRINGTON	City ATLANTA
Title PRESIDENT	State Georgia ZIP Code + 4 30339
5.b. Termination Date 3/21/17	5.c. Amount 128, 063
	3.6. Amount 128, 003
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,239,659	
•	
C. Statement of Disbursements Report all disbursements made by the rec	orting 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   100,000   48,542	148,542 9. Office and Administrative Expenses 19,290
	10. Publicity 720
	11 Fees for Professional Services 787,718
	12. Loans Made 0
	13. Other Disbursements
8. Total disbursements to officers and employees:	148,542 14. Total Disbursements (Sum of Items 8-13) 956, 270
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
n/a	
15.c. To Whom Paid	15.d. Amount 316, 632
	15.0. Allouit   510,032
Name ED HINKLE	15.e. Purpose
Title	CONSULTING SERVICES.
Organization	]
P.O. Box, Building and Room Number, if any	
Street	
Street 12705 RIDGEPATH LANE	
City KNOXVILLE	,
State Tennessee ZIP Code + 4 37922	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 787,71	3

Form LM-21 (2003)

Name of Person Fi	iling: JOHN HERMAN	N					File Number C	-00527
B. Statement of I	Receipts Report all re advice or service	ceipt	s from employers in c	onnection	with labor r	elations advice o	r services regardle	ss of the purposes of the
5.a. Name and Add	dress of Employer (inc		trade name, if any).			Mailing Addres	SS:	
[22	Y-BROWN COMPAN	<del></del>	T.C.		P.O. B	ox, Bldg., Room N	lo., if any	
	SI-BROWN COMPAN	Ι, Ι	<u> </u>			200 11 01111		
Trade Name Attention To:	DICK		THORGESEN	┵┐		280 W. SHUM	IAN BLVD.	]
Title	RICK	<u> </u>	<del></del>		City State	NAPERVILLE		ZIP Code + 4 60542
	EXEC. VP OF HU	MAN	RESOURCES			Illinois		211 Code + 4, 60542
5.b. Termination D	ate 5/31/17				5.c. Amo	ount 221,263		····
5.a. Name and Add	dress of Employer (incl	uding	trade name, if any).		PO B	Mailing Addres		
Employer DS	SERVICES OF A	MER	CA- FRESNO			STE 500N		
Trade Name					Street	2300 WINDY	RIDGE PARKWA	Y
Attention To:	том		HARRINGTON		City	ATLANTA		
Title	PRESIDENT				State	Georgia		ZIP Code + 4 30339
5,b. Termination D	ate 10/05/2017				5.c. Amo	ount 22,500		
5.a. Name and Add	dress of Employer (inc	luding	trade name, if any).			Mailing Addres	SS:	
770					P.O. B	ox. Blda. Room N	lo,, if anv	<del></del>
Employer FC	1 FEDERAL			<del></del>		STE 300		
Trade Name				<u> </u>			IEW CENTER P	LAZA
	SUSAN	ليا	KIRTON		City	ASHBURN		]
Title	HUMAN RESOURCE	S			State	Virginia		ZIP Code + 4 20147
5.b. Termination D	ate 02/09/2017				5.c. Amo	ount 27,375		
5.a. Name and Add	dress of Employer (incl	uding	trade name, if any).			Mailing Addres		
Employer PA	REX USA, INC.			<del></del>	P.O. Bo	ox, Bldg., Room N STE 250	o., if any	
Trade Name				7	Street	4125 E LA P	ALMA AVE	
l i	MONA	П	MEJIA	≠	·	ÁNAHEÍM		1
;	HUMAN RESOURCE			<del></del> _		California		ZIP Code + 4 92807
					1			32807
	Pate 02/01/2017				5.c. Amo	ount 32,063		
5.a. Name and Add	dress of Employer (incl	uding	trade name, if any).		P O B	Mailing Addres		
Employer WI:	SMETTAC ASIAN I	OOD	s, inc.			A. Blue. Hooli N	O. ILAIIV	
Trade Name				7	Street	13409 ORDEN	DRIVE	
Attention To:	KONISHI		HIKARI		City	SANTA FE SPI	RINGS	
Title	HUMAN RESOURCE	S MA	NAGER		State	California		ZIP Code + 4 90670
5.b. Termination D	ate 12/31/2017				5.c. Amo	ount 808,395		•
5.a. Name and Add	tress of Employer (incl	udino	trade name if anv)		<del></del>	Mailing Addres	s <sup>.</sup>	
					P.O. Bç	x. Bldg. Room N		
. <u>.</u> . 1						<del></del> -		·
Employer								
Trade Name					Street			
Trade Name Attention To:					Street City			
Trade Name								ZIP Code + 4

Name of Person Filing: JOHN HERMANN	File Number C- 00527
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:  REDSTONE ENTERPRISES, INC.	15.b. Trade Name, If any:
15.c. To Whom Paid  Name  DAVID  ACOSTA	15.d. Amount 121,813  15.e. Purpose
Title PRESIDENT Organization REDSTONE ENTERPRISES, INC.	CONSULTING SERVICES.
P.O. Box, Building and Room Number, if any  Street 5415 E. WILLOWICK CIRCLE  City ANAHEIM  State California ZIP Code + 4 92807	
15.a. Employer Name:  GNE CONSULTING SERVICES	15.b. Trade Name, If any:
15.c. To Whom Paid  Name GUS FLORES  Title PRESIDENT  Organization GNE CONSULTING SERVICES  P.O. Box, Building and Room Number, if any  Street P.O. BOX 871  City RANCHO CUCAMONGA  State California ZIP Code + 4 91729	15.d. Amount 107,925  15.e. Purpose  CONSULTING SERVICES.
15.a. Employer Name: ACTION RESOURCES	15.b. Trade Name, If any:
15.c. To Whom Paid  Name ALEX CASILLAS  Title PRESIDENT  Organization ACTION RESOURCES  P.O. Box, Building and Room Number, if any  Street 3892 BROOK HILLS RD.  City FALLBROOK  State California ZIP Code + 4 92028	15.d. Amount 16,000  15.e. Purpose  CONSULTING SERVICES.

Name of Person Filing: JOHN HERMANN	File Number C- 00527
D. Schedule of Disbursements for Reportable Activity Use this Schedu instructions.	le to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: EMSI CONSULTING, LLC	15.b. Trade Name, If any:
15.c. To Whom Paid  Name ED VILLANUEVA  Title MANAGER  Organization EMSI CONSULTING, LLC  P.O. Box, Building and Room Number, if any #203  Street 5591 CANNES CIRCLE  City SARASOTA  State Florida ZIP Code + 4 34231	15.d. Amount 31,173  15.e. Purpose  CONSULTING.
15.a. Employer Name:  FLORES LABOR RELATIONS, INC.	15.b. Trade Name, If any:
Name CARLOS FLORES  Title PRESIDENT  Organization FLORES LABOR RELATIONS, INC.  P.O. Box, Building and Room Number, if any  Street 3000 AVENIDA CIMA DEL SOL  City TEMECULA  State California ZIP Code + 4 92591	15.d. Amount 84,413  15.e. Purpose  CONSULTING.
15.a. Employer Name: INDEPENDENT CENTER FOR WORKER EDU INC.	15.b. Trade Name, If any:
15.c. To Whom Paid  Name Rian Wathen  Title  Organization INDEPENDENT CENTER FOR WORKER EDU, INC.  P.O. Box, Building and Room Number, if any  Street 1480 LAUREL OAK DRIVE	15.d. Amount 33,131  15.e. Purpose  CONSULTING.
City AVON State Indiana ZIP Code + 4 46123	

D. Schedule of Disbursements for Reportable Activity  15.a. Employer Name:	Name of Person, Filing: JOHN HERMANN	File Number C- 00527
15.c. To Whom Paid  Name   TERREN		hedule to report only disbursements made for the purposes described in Part D of the
Name TERREN   BECKER   15.6. Purpose   CONSULTING.    P.O. Box. Building and Room Number, if any   Street   1235 RIVERVIEW DRIVE   City FALLBROOK   State   California   ZIP Code + 4   52028    15.a. Employer Name:   15.b. Trade Name, If any:   THE BURKE GROUP    15.c. To Whom Paid   15.d. Amount   65, 475   15.e. Purpose   CONSULTING.    15.d. Amount   65, 475   15.e. Purpose   CONSULTING.    15.d. Amount		15.b. Trade Name, If any:
Title Cryanization P.O. Box, Building and Room Number, if any Street [1235 RIVERVIEW DRIVE] City PALLBROOK State California ZIP Code + 4 92028  15.a. Employer Name: DAVID J. BURKE & ASSOCIATES  15.d. Amount [65, 475] 15.d. Amount [65, 475] 15.a. Pupose Consultation Title Cryanization Title BURKE GROUP P.O. Box, Building and Room Number, if any Street [27407 PACIFIC COAST HIGHWAY City MALIBU State California ZIP Code + 4 90265  15.d. Amount [15.d.	15.c. To Whom Paid	15.d. Amount 11,156
Title Organization P.O. Box. Building and Room Number, if any Street [235 RIVERVIEW DRIVE City FALLBROOK State California 2IP Code + 4 \$2028  15.a. Employer Name: DAVID J. BURKE & ASSOCIATES  15.b. Trade Name, If any: HE BURKE GROUP  15.d. Amount [65, 475] 15.e. Puppose CONSULTING.  City FALLBRO State [27407 PACIFIC COAST HIGHWAY City FALLBU State California 2IP Code + 4 \$90265  15.a. Employer Name:  15.b. Trade Name, If any:  15.b. Trade Name, If any:  15.c. To Whom Paid Name 15.c	Name TERREN BECKER	15 e. Purnose
P.O. Box, Building and Room Number, if any  Street   1235 RIVERVIEW DRIVE   City   FALLBROOK   State   California   ZIP Code + 4   92028    15.a. Employer Name:	Title	
Street 1235 RIVERVIEW DRIVE City FALLBROOK State California ZIP Code + 4 92028  15.a. Employer Name: DAVID J. BURKE & ASSOCIATES  15.c. To Whom Paid Name Title Corganization THE BURKE GROUP  P.O. Box, Building and Room Number, if any Street 27407 PACIFIC COAST HIGHWAY City MALIBU State California ZIP Code + 4 90265  15.c. To Whom Paid Name Title Corganization P.O. Box, Building and Room Number, if any Street Title Corganization P.O. Box, Building and Room Number, if any Street Corganization P.O. Box, Building and Room Number, if any Street City	Organization	
State California  ZIP Code + 4 92028  15.a. Employer Name:  DAVID J. BURKE & ASSOCIATES  15.b. Trade Name, If any:  THE BURKE GROUP  15.c. To Whom Paid  15.c. To Whom Paid  15.c. Amount 65, 475  15.e. Purpose  CONSULTING.  15.e. Purpose  CONSULTING.  15.b. Trade Name, If any:  15.c. To Whom Paid  15.c. Purpose	Street 1235 RIVERVIEW DRIVE	
IS.C. TO Whom Paid  Name    Companization THE BURKE GROUP   15.d. Amount   65, 475   15.e. Purpose   15.e. Purpose   15.d. Amount   65, 475   15.e. Purpose   15.d. Amount   65, 475   15.e. Purpose   15.d. Amount   65, 475   15.e. Purpose   15.d. Amount   15.d. Amount   15.d. Amount   15.d. Amount   15.d. Amount   15.d. Purpose   15.		
IS.C. TO Whom Paid  Name    Companization THE BURKE GROUP   15.d. Amount   65, 475   15.e. Purpose   15.e. Purpose   15.d. Amount   65, 475   15.e. Purpose   15.d. Amount   65, 475   15.e. Purpose   15.d. Amount   65, 475   15.e. Purpose   15.d. Amount   15.d. Amount   15.d. Amount   15.d. Amount   15.d. Amount   15.d. Purpose   15.		
15.c. To Whom Paid  Name  Title  Organization THE BURKE GROUP  P.O. Box, Building and Room Number, if any  Street 27407 PACIFIC COAST HIGHWAY  City MALIBU State California  I5.d. Amount 65, 475  15.e. Purpose  CONSULTING.  15.b. Trade Name, If any:  15.c. To Whom Paid  15.d. Amount 15.e. Purpose  Title  Organization  P.O. Box, Building and Room Number, if any  Street 15.e. Purpose		-
Name Title Corganization THE BURKE GROUP  P.O. Box, Building and Room Number, if any Street 27407 PACIFIC COAST HIGHWAY City MALIBU State California ZIP Code + 4 90265  15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name 15.d. Amount 15.e. Purpose 15.e. Purpose 15.e. Purpose 15.e. Purpose		
Title  Organization THE BURKE GROUP  P.O. Box, Building and Room Number, if any  Street 27407 PACIFIC COAST HIGHWAY  City MALIBU  State California  ZIP Code + 4 90265  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City		15.d. Amount 65 , 475
Organization THE BURKE GROUP  P.O. Box, Building and Room Number, if any  Street 27407 PACIFIC COAST HIGHWAY  City MALIBU  State California ZIP Code + 4 90265  15.a. Employer Name: 15.b. Trade Name, If any:  15.c. To Whom Paid 15.d. Amount 15.e. Purpose  Title Organization  P.O. Box, Building and Room Number, if any  Street City		
P.O. Box, Building and Room Number, if any  Street 27407 PACIFIC COAST HIGHWAY  City MALIBU  State California ZIP Code + 4 90265  15.a. Employer Name:  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City		CONSULTING.
Street 27407 PACIFIC COAST HIGHWAY  City MALIBU  State California ZIP Code + 4 90265  15.a. Employer Name: 15.b. Trade Name, If any:  15.c. To Whom Paid 15.d. Amount 15.e. Purpose  Title Organization  P.O. Box, Building and Room Number, if any  Street City 15.d. Amount 15.e. Purpose	Organization THE BURKE GROUP	
City MALIBU State California ZIP Code + 4 90265  15.a. Employer Name:	P.O. Box, Building and Room Number, if any	
City MALIBU State California ZIP Code + 4 90265  15.a. Employer Name:	Street 27 4 27 TRACTURE CORRESPONDENCE OF THE PROPERTY OF THE	
State   California   ZIP Code + 4   90265		
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		<u></u>
15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City	Oldie Callionna Lin Codo i 4 50205	
Name 15.e. Purpose  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City	15.a. Employer Name:	15.b. Trade Name, If any:
Name 15.e. Purpose  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City		
Title  Organization  P:O. Box, Building and Room Number, if any  Street  City	15.c. To Whom Paid	15.d. Amount
Organization P.O. Box, Building and Room Number, if any Street City	Name	15 e. Pürnose
P:O. Box, Building and Room Number, if any  Street  City	Title	
Street City	Organization	<del></del>
City	P.O. Box, Building and Room Number, if any	
City	Character	
OF 1 1900 OF AT 111	State ZIP Code + 4	[]