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, es amended. (LMRDA)

FOR CITIES DESCRIVED RECEIVED READ THE INSTRUCTIONS CAREFU	JLLY BEFORE PREPARING THIS REPORT
JAN 0 9 2019.	686872
1 . File Number C- 00527	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 12 / 31 / 2018
A. Person Filing	
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name JOHN M HERMANN	Name
Title CHIEF EXECUTIVE OFFICER	Title
Organization LABOR RELATIONS SERVICES, INC.	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 2 PINNACLE PT	Street
City NEWPORT COAST	City
State California ZIP Code + 4 92657	State ZIP Code + 4
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable penal 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 President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On	On Date (949) 719–1962 Telephone Number

Name of Person Filling: 100	n Hermann	<u> </u>				File Number C-	527			
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 (in	duding trade name, if any).		В		ailing Address:	Alumbor if any	•			
P.O. Box, Building and Room Number, if any Employer FISHER PRINTING										
Trade Name			St	Street 8640 SOUTH OKETO AVE.						
Attention To BRIAN	FISCHER		Ci	City BRIDGEVIEW						
Title PRESIDENT					State Illinois ZIP Code + 4 60455					
Tiue			O.	ate [16 · 4			
5.b. Termination Date 5/2/18		······································	5.0	c. Amount	11,000					
6. TOTAL RECEIPTS FROM ALL E	MPLOYERS			·						
		· · · · · · · · ·								
C. Statement of Disbursements	Report all disbursements	s made by the	reporting	g organiza	tion in connection	n with labor relations adv	ice or services rendered			
	to the employers listed in	Part B.	, , , , , , , , , , , , , , , , , , ,	gg						
Disbursements to Officers and Empl (a) Name	oyees: (b) Salary	(c) Expense	s (d) Total	ls						
JOHN M HERMANN	163,000	5952	0 22	2,520	9. Office and A	dministrative Expenses	24,768			
					10. Publicity		975			
					11. Fees for Pro	ofessional Services	452,872			
					12. Loans Made					
			1		13. Other Disbu	ırsements	0			
8. Total disbursements to officers a	nd employees:		222	2,520 14. Total Disbursements (Sum of Items 8-13) 日7名,						
D. Schedule of Disbursements to	r Reportable Activity	Use this Sc		report onl	y disbursements	made for the purposes of	lescribed in Part D of the			
15.a. Employer Name:			15	5.b. Trade	Name, If any:	 				
N/A										
15.c. To Whom Paid		· · · · ·	15	5.d. Amour	nt 314,413	 				
Name ED	HINKLE		<u> </u>			······························				
Title				5.e. Purpos CONSULT	se ING SERVICI	s.				
Organization				•						
P.O. Box, Building and Room No	umber if any									
1.0. Son, Salienty and (North Hullide), it dily										
Street 12705 RIDGEPATH LANE										
City KNOXVILLE										
State Tennessee	ZIP Code + 4	37922								
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY										
							•			

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Name of Person Filing: TONN Hermann	· · · · · · · · · · · · · · · · · · ·			File Number C-	0052	.7			
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 WISMETTAC ASIAN FOODS, INC.		Mailing Address: P.O. Box, Building and Room Number, if any							
Trade Name		Street 13	Street 13409 ORDEN DR.						
Attention To KONISHI HIKARI		City SA	NTA FE SPRI	INGS					
Title HUMAN RESOURCES MANAGER State California ZIP Code + 4 90670									
5.b. Termination Date 12/31/18		5.c. Amount	5.c. Amount 689,226						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS									
<u> </u>									
C. Statement of Disbursements Report all disbursements		orting organiza	ation in connectio	n with labor relat	ions advice o	or services rendered			
to the employers listed in	Рап В.								
7. Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (d)	Totals							
			9. Office and A	dministrative Exp	enses				
			10. Publicity						
			11. Fees for Pro	ofessional Servic	es				
			12. Loans Made	 	T T				
			13. Other Disbu	rsements					
8. Total disbursements to officers and employees:	<u> </u>		14. Total Disburs	ements (Sum of It	ems 8-13)				
		_	ı						
D. Schedule of Disbursements for Reportable Activity	Use this Schedu instructions.	le to report on	ly disbursements	made for the pu	rposes descr	ibed in Part D of the			
15.a. Employer Name:		15.b. Trade	Name, If any:						
GNE CONSULTING SERVICES									
15.c. To Whom Paid		15.d. Amou	nt 60,000	· ·· · · · · ·					
Name GUS FLORES		15.e. Purpo	se	• • • • • • • • • • • • • • • • • • • •					
Title PRESIDENT			ING SERVICE	s.					
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									
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									

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Name of Person Filing:	John Her		File Number C-	0053	۲7						
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					1.0. Son, Schalling and Noon Named , I amy						
Trade Name				Street	Street						
Attention To				City	у						
Title State ZIP Code + 4											
5.b. Termination Date 5.c. Amount											
6. TOTAL RECEIPTS FRO	OM ALL EMPLOYERS				· L						
0. TOTAL RECEIPTS FRO	OW ALL EWIFLOTERS										
C. Statement of Disburse		sbursements r	nade by the re Part B.	porting organiza	ation in connectio	n with labor relat	ions advice o	or services rendered			
7. Disbursements to Officers	and Employees:										
(a) Name		(b) Salary	(c) Expenses (d	l) Totals			<u> </u>				
						dministrative Exp	enses				
					10. Publicity						
					-	ofessional Service	es				
				 	12. Loans Made	·					
<u> </u>	**************************************			 	13. Other Disbu	•					
8. Total disbursements to	officers and employees:				14. Total Disburs	sements (Sum of I	ems 8-13)				
D. Schedule of Disburse	ements for Reportable	•	Use this Scheo	dule to report on	ly disbursements	made for the pu	rposes desc	ribed in Part D of the			
15.a. Employer Name:				15.b. Trade	Name, If any:						
REDSTONE ENTE	ERPRISES										
15.c. To Whom Paid				15.d. Amou	nt 64,083.8	4					
Name DAVID	ACO	STA		15.e. Purpo							
Title PRESID	ENT			CONSULT	ring service	es.					
Organization REDSTO	ONE ENTERPRISES,	INC.									
D.O. Boy Building and											
P.O. Box, Building and Room Number, if any											
Street 5415 E. WILLOWICK CIRCLE											
City ANAHEIM											
State California ZIP Code + 4 92807											
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY											

Name of Person Filing: Tohn Hermann									File I	Number C-	009	<u>5</u> 2	.7
B. Statement of Recelpts 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													
Trade Name								Street					
Attention To	tention To City												
Title State ZIP Code + 4													
5.b. Termination Date 5.c. Amount													
		ROM ALL EMPLOYERS		<u> </u>									
	_						<u>-</u>						
C. Statement of Dis	bu	rsements Report all dis	sbursements i	made I	by the re	eporti	ing orgar	nization in conn	ection with	labor rela	itions advic	e or s	ervices rendered
7. Disbursements to C	Offic	•	, 0.00.00	u									
(a) Name	_		(b) Salary	(c) Ex	penses ((d) Tot	als				- <u></u>		
	_			<u></u>			····	9. Office a	and Admini	strative Ex	penses		
								10. Publici	ty				
								11. Fees fo	or Professi	rofessional Services			
								12. Loans I	Made	e			
							_	13. Other I	Disbursem	sbursements			
8. Total disbursemen	nts	to officers and employees:	- · . · ·					14. Total Di	isbursemen	ts (Sum of	Items 8-13)		
D. Schedule of Dis	bui	sements for Reportable		Use th		edule (to report	only disbursen	nents made	e for the p	urposes de	scribe	ed in Part D of the
15.a. Employer Nan				IIISUUC	JUIIS.	T	16 b. Tm	ide Name, If a	on.				
		R RELATIONS, INC.					15.5. 116	ide Name, ii ai	ny.				
15.c. To Whom Paid	1						15.d. Am	ount 15,00	0.		-		
Name CA	RL	OS FLO	RES			}	15.e. Pu	mose					· · · · · · · · · · · · · · · · · · ·
Title PR	ES	IDENT						LTING SERV	VICES.				
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													
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY													

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