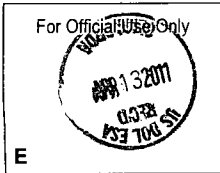


FORM LM-21

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

457684

1. File Number C- 00527	2. Period Covered By This Report From: 01 / 01 / 2010 Through: 12 / 31 / 2010
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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	SUITE 190
Street	24 CORPORATE PLAZA
City	NEWPORT BEACH
State	California ZIP Code + 4 92660
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	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On 03 / 30 / 2011	949-719-1962	On 03 / 30 / 2011	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 AYRES HOTELS

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 MAY 15, 2010

5.c. Amount 17,438

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 484,617

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	15,017		15,017	9. Office and Administrative Expenses	30,160
NOLA	L	BUCKMAN	11,084	0	11,084	10. Publicity	10,841
JANE		MATA	3,097		3,097	11. Fees for Professional Services	311,399
			0	0	0	12. Loans Made	0
			0	0	0	13. Other Disbursements	0
8. Total disbursements to officers and employees:					29,198	14. Total Disbursements (Sum of Items 8-13)	381,598

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 Washington

ZIP Code + 4

15.e. Purpose

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: CONSUMER PRODUCT SERVICES, LLC		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 10 GRAND BOULEVARD	
Attention To: DARREN KRANTZ		City: DEER PARK	
Title: CHIEF EXECUTIVE OFFICER		State: New York ZIP Code + 4: 11729	
5.b. Termination Date: AUGUST 3, 2010		5.c. Amount: 2,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: EBY-BROWN COMPANY, LLC		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 280 W. SHUMAN BLVD.	
Attention To: RICK THORGESEN		City: NAPERVILLE	
Title: EXECUTIVE VP OF HUMAN RESOURCES		State: Illinois ZIP Code + 4: 60542	
5.b. Termination Date: MAY 29, 2010		5.c. Amount: 35,739	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: EISNER PEDIATRIC & FAMILY MEDICAL CENTER		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 1530 SOUTH OLIVE STREET	
Attention To: KIM WRIGHT		City: LOS ANGELES	
Title: HUMAN RESURCE DIRECTOR		State: California ZIP Code + 4: 90015	
5.b. Termination Date: JUNE 12, 2010		5.c. Amount: 23,886	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: EXTENDICARE HEALTH SERVICES, INC.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 4940 BLAZER PKWY.	
Attention To: RICK VANDERHOOF		City: DUBLIN	
Title: AREA VICE PRESIDENT		State: Ohio ZIP Code + 4: 43017-3305	
5.b. Termination Date: APRIL 10, 2010		5.c. Amount: 9,542	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: VISITING NURSE ASSN. OF PORTER COUNTY		P.O. Box, Bldg., Room No., if any	
Trade Name		Street: 2401 VALLEY DRIVE	
Attention To: SHELLEY COHS		City: VALPARAISO	
Title:		State: Indiana ZIP Code + 4: 46383	
5.b. Termination Date: MAY 1, 2010		5.c. Amount: 5,407	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: DS WATER OF AMERICA		P.O. Box, Bldg., Room No., if any: SUITE 500	
Trade Name		Street: 5660 NEW NORTHSIDE DRIVE	
Attention To: TOM HARRINGTON		City: ATLANTA	
Title: CHIEF OPERATING OFFICER		State: Georgia ZIP Code + 4: 30328	
5.b. Termination Date: SEPTEMBER 1, 2010		5.c. Amount: 225,533	

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). Employer LANGUAGE LINE SERVICES Trade Name Attention To: WINNIE HEH Title VICE PRESIDENT GLOBAL OPERATIONS		Mailing Address: P.O. Box, Bldg., Room No., if any BLDG. 2 Street 1 LOWER RAGSDALE DRIVE City MONTEREY State California ZIP Code + 4 93940	
5.b. Termination Date JUNE 5, 2010		5.c. Amount 43,887	

5.a. Name and Address of Employer (including trade name, if any). Employer DS WATER OF AMERICA Trade Name Attention To: PETE MACLEAN Title PRESIDENT OF EAST DIVISION		Mailing Address: P.O. Box, Bldg., Room No., if any SUITE 500 Street 5660 NEW NORTHSIDE DRIVE City ATLANTA State Georgia ZIP Code + 4 30328	
5.b. Termination Date OCTOBER 2, 2010		5.c. Amount 121,185	

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 	

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 	

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 	

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 	