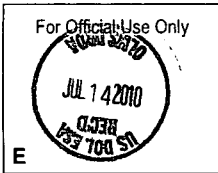


FORM LM-21

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

432429

1. File Number C- 00527	2. Period Covered By This Report From: 01/01/2007 Through: 12/31/2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: JOHN M HERMANN Title: PRESIDENT & CEO Organization: LABOR RELATIONS SERVICES, INC. P.O. Box, Building and Room Number, if any: SUITE 100 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: NONE 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: [Signature] Title: President On: 07/07/2010 Date: 07/07/2010 Telephone Number: 949-719-1962	18. Signed: [Signature] Title: Treasurer On: 07/07/2010 Date: 07/07/2010 Telephone Number: 949-719-1962
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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 AMBASSADORS INTERNATIONAL

Trade Name DBA: MAJESTIC AMERICAN LINE

Street 1071 CAMELBACK STREET

Attention To JOSEPH MCCARTHY

City NEWPORT BEACH

Title VICE PRESIDENT, CORPORATE DEV.

State California ZIP Code + 4 92260-3228

5.b. Termination Date 07/09/2007

5.c. Amount 124,963

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,087,154

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

AMERICAN	CONSULTING	14,000	1,280	15,280	9. Office and Administrative Expenses	122,215
DOUGLAS	MUIR	15,592	1,241	16,833	10. Publicity	10,425
ED	HINKLE	50,980	17,134	68,114	11. Fees for Professional Services	14,847
		0	0	0	12. Loans Made	0
		0	0	0	13. Other Disbursements	34,027
8. Total disbursements to officers and employees:				536,881	14. Total Disbursements (Sum of Items 8-13)	718,395

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer THE COCA-COLA COMPANY			
Trade Name AMERICAN CANYON	Street 1 COCA-COLA PLAZA		
Attention To: ELIZABETH <input type="checkbox"/> FINN JOHNSON <input type="checkbox"/>	City ATLANTA		
Title SEN. LITIGATION&EMPLOYMENT COUNSEL	State Georgia	ZIP Code + 4 30313	
5.b. Termination Date ON GOING		5.c. Amount 242,846	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer BASIC AMERICAN, INC.	28 TH FLOOR		
Trade Name DBA: HARRY'S FRESH FOODS	Street 600 MONTGOMERY		
Attention To: JOHN <input type="checkbox"/> C <input type="checkbox"/> BARNECUT <input type="checkbox"/>	City SAN FRANCISCO		
Title VICE PRESIDENT & GENERAL COUNSEL	State California	ZIP Code + 4 94111	
5.b. Termination Date ON GOING		5.c. Amount 166,316	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer CALL-A-HEAD			
Trade Name	Street 304 CROSSBAY BOULEVARD		
Attention To: CHARLES <input type="checkbox"/> HOWARD <input type="checkbox"/>	City BROAD CHANNEL		
Title PRESIDENT	State New York	ZIP Code + 4 11693	
5.b. Termination Date 08/03/2007		5.c. Amount 76,789	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer D.S. WATERS OF AMERICA, LP AND/OR	SUITE 500		
Trade Name ITS DESIGNATED AFFILIATES	Street 5660 NEW NORTHSIDE DRIVE		
Attention To: TOM <input type="checkbox"/> HARRINGTON <input type="checkbox"/>	City ATLANTA		
Title PRESIDENT	State Georgia	ZIP Code + 4 30328	
5.b. Termination Date ON GOING		5.c. Amount 308,363	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer PATTERSON COMPANIES, INC.			
Trade Name PATTERSON DENTAL	Street 1031 MENDOTA HEIGHTS ROAD		
Attention To: CAROL <input type="checkbox"/> HALLEY <input type="checkbox"/>	City ST PAUL		
Title ASSOCIATE GENERAL COUNSEL	State Minnesota	ZIP Code + 4 55120	
5.b. Termination Date 06/19/2007		5.c. Amount 39,560	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer RALEY'S SUPERMARKETS			
Trade Name	Street 500 WEST CAPITOL AVENUE		
Attention To: JEFFREY <input type="checkbox"/> SZCZENSNY <input type="checkbox"/>	City WEST SACRAMENTO		
Title VICE PRESIDENT OF HUMAN RESOURCES	State California	ZIP Code + 4 95605	
5.b. Termination Date 10/20/07		5.c. Amount 62,511	

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).		Mailing Address:	
Employer <input style="width: 90%;" type="text" value="Labor Relaitons Institute"/> Trade Name <input style="width: 90%;" type="text" value="LRSI"/> Attention To: <input style="width: 45%;" type="text" value="Don"/> <input style="width: 45%;" type="text" value="Wilson"/> Title <input style="width: 90%;" type="text" value="CEO"/>	P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text" value="One LRI Plaza"/> Street <input style="width: 90%;" type="text" value="7850 S. Elm Street"/> City <input style="width: 90%;" type="text" value="Broken Arrow"/> State <input style="width: 40%;" type="text" value="Oklahoma"/> ZIP Code + 4 <input style="width: 40%;" type="text" value="74013"/>		
5.b. Termination Date <input style="width: 40%;" type="text" value="5/26/2007"/>	5.c. Amount <input style="width: 40%;" type="text" value="65,806"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input style="width: 90%;" type="text"/> Trade Name <input style="width: 90%;" type="text"/> Attention To: <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> Title <input style="width: 90%;" type="text"/>	P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 40%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/>		
5.b. Termination Date <input style="width: 40%;" type="text"/>	5.c. Amount <input style="width: 40%;" type="text" value="0"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input style="width: 90%;" type="text"/> Trade Name <input style="width: 90%;" type="text"/> Attention To: <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> Title <input style="width: 90%;" type="text"/>	P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 40%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/>		
5.b. Termination Date <input style="width: 40%;" type="text"/>	5.c. Amount <input style="width: 40%;" type="text"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input style="width: 90%;" type="text"/> Trade Name <input style="width: 90%;" type="text"/> Attention To: <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> Title <input style="width: 90%;" type="text"/>	P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 40%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/>		
5.b. Termination Date <input style="width: 40%;" type="text"/>	5.c. Amount <input style="width: 40%;" type="text"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input style="width: 90%;" type="text"/> Trade Name <input style="width: 90%;" type="text"/> Attention To: <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> Title <input style="width: 90%;" type="text"/>	P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 40%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/>		
5.b. Termination Date <input style="width: 40%;" type="text"/>	5.c. Amount <input style="width: 40%;" type="text"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input style="width: 90%;" type="text"/> Trade Name <input style="width: 90%;" type="text"/> Attention To: <input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/> Title <input style="width: 90%;" type="text"/>	P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 40%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/>		
5.b. Termination Date <input style="width: 40%;" type="text"/>	5.c. Amount <input style="width: 40%;" type="text"/>		

7. Disbursements to Officers and Employers:

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