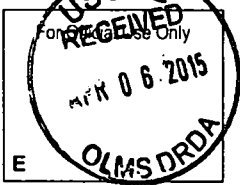


FORM LM-21

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 reporting by 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

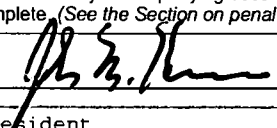
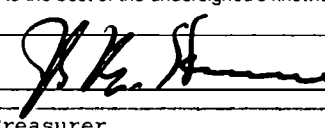
589711

1. File Number C- 00527	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2014		12 / 31 / 2014

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 / 31 / 2015 (949) 719-1962	On	03 / 31 / 2015 (949) 719-1962
Date	Telephone Number	Date	Telephone Number

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	ATTC Manufacturing	P.O. Box, Building and Room Number, if any	
Trade Name		Street	10455 Indiana 37
Attention To	Darren <input type="checkbox"/> Rinehart <input type="checkbox"/>	City	Tell City
Title	Human Resources Manager	State	Indiana ZIP Code + 4 47586

5.b. Termination Date	5/19/2014	5.c. Amount	30,600
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	286,836
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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 <input checked="" type="checkbox"/> Hermann	52,045	4,021	56,066	9. Office and Administrative Expenses	3,106	
Nina <input type="checkbox"/> Mostajo	49,403	0	49,403	10. Publicity	0	
Shaunna <input type="checkbox"/> Schnitker	6,545		6,545	11. Fees for Professional Services	286,837	
<input type="checkbox"/>	0		0	12. Loans Made	0	
<input type="checkbox"/>				13. Other Disbursements		
8. Total disbursements to officers and employees:			112,014	14. Total Disbursements (Sum of Items 8-13) 401,957		

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 <input type="checkbox"/>	
Title <input type="checkbox"/>	
Organization <input type="checkbox"/>	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State Washington 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 Hausbeck Pickle Co.

P.O. Box, Bldg., Room No., if any

Trade Name

Street 1626 Hess Street

Attention To: Tim Hausbeck

City Saginaw

Title Vice President

State Michigan ZIP Code + 4 48601

5.b. Termination Date 12/10/2014

5.c. Amount 36,000

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Healthcare Labor Solutions

P.O. Box, Bldg., Room No., if any

Trade Name

Street 27762 Antonio Parkway L1-645

Attention To: Bob Long

City Ladera Ranch

Title President

State California ZIP Code + 4 95355

5.b. Termination Date 8/28/2014

5.c. Amount 6,829

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer McGrath Lexus of Chicago

P.O. Box, Bldg., Room No., if any

Trade Name

Street 1250 W. Division St.

Attention To: Mike McGrath

City Chicago

Title Treasurer & General Manager

State Illinois ZIP Code + 4 60622

5.b. Termination Date 4/21/2014

5.c. Amount 11,700

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Miner's Incorporated

P.O. Box, Bldg., Room No., if any

Trade Name

Street 5065 Miller Trunk Highway

Attention To: Bruce Anderson

City Hermantown

Title General Counsel

State Minnesota ZIP Code + 4 55811

5.b. Termination Date 2/28/2014

5.c. Amount 42,300

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Parex USA, Inc.

P.O. Box, Bldg., Room No., if any

Trade Name

Suite 250 Street 4125 E. La Palma Ave

Attention To: Mona Mejia

City Anaheim

Title Director of Human Resources

State California ZIP Code + 4 92807

5.b. Termination Date 7/2/2014

5.c. Amount 33,120

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Piemonte's Dundee Chevrolet

P.O. Box, Bldg., Room No., if any

Trade Name

Street 770 Dundee Ave.

Attention To: Mary Ann Barca

City Chicago

Title Executive

State Illinois ZIP Code + 4 60118

5.b. Termination Date 6/30/2014

5.c. Amount 4,500

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 Premium Waters, Inc.

P.O. Box, Bldg., Room No., if any

Trade Name

Street 4301 NW Mattox Road

Attention To: Bernie Zarda

City Riverside

Title Senior Vice President

State Missouri ZIP Code + 4 64150

5.b. Termination Date 11/11/2014

5.c. Amount 90,000

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Readyjet, Inc.

P.O. Box, Bldg., Room No., if any

Trade Name

Street 2663 Route 9L

Attention To: Mark Farrington

City Cleverdale

Title Chief Financial Officer

State New York ZIP Code + 4 12820

5.b. Termination Date 11/5/2014

5.c. Amount 7,200

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer Bay Shippers, LLC.

P.O. Box, Bldg., Room No., if any

Trade Name

Street 4035 Jimbo Drive

Attention To: Bob Higgins

City Burton

Title President

State Michigan ZIP Code + 4 48529

5.b. Termination Date 4/28/2014

5.c. Amount 24,587

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer

P.O. Box, Bldg., Room No., if any

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount