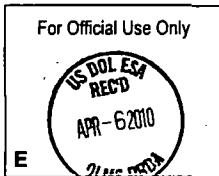


FORM LM-21

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

427343

1. File Number C- <input type="text" value="00527"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="John"/> <input type="text" value="M"/> <input type="text" value="Hermann"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="Chief Executive Officer"/>	Name <input type="text"/>
Organization <input type="text" value="Labor Relations Services, Inc."/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text" value="Suite 100"/>	Organization <input type="text"/>
Street <input type="text" value="24 Corporate Plaza"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Newport Beach"/>	Street <input type="text"/>
State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92660"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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)
Title <input type="text" value="President"/>	
On <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/> <input type="text" value="949-719-1962"/>	18. Signed
Date Telephone Number	Treasurer (If other title, see instructions)
	Title <input type="text" value="Other (Specify)"/> <input type="text" value="Director of Finance"/>
	On <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/> <input type="text" value="949-719-1962"/>
	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 Best Buy

Trade Name

Street

7601 Penn Ave. South

Attention To

Jim

Showalter

City

Richfield

Title

Director, Employee Relations

State

Minnesota

ZIP Code + 4

55423-3645

5.b. Termination Date 11-14-2009

5.c. Amount 73,057

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 549,318

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	Hermann	71,750	0	71,750	9. Office and Administrative Expenses	103,670
Frank	Barbera	53,638	7,148	60,786	10. Publicity	1,482
Liora	Lurie	44,509	1,633	46,142	11. Fees for Professional Services	8,542
Carlos	Ortiz	4,200	29	4,229	12. Loans Made	0
Gabrielle	Jenkins	3,800	0	3,800	13. Other Disbursements	29,044
8. Total disbursements to officers and employees:				500,432	14. Total Disbursements (Sum of Items 8-13)	643,170

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

15.d. Amount

Title

15.e. Purpose

Organization

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

Street

City

State Washington

ZIP Code + 4

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 <u>California Expanded Metal Products Co.</u>			
Trade Name <u>CEMCO</u>	Street <u>263 North Covina Lane</u>		
Attention To: <u>Tom</u> <input type="checkbox"/> <u>Porter</u>	City <u>City of Industry</u>		
Title <u>Executive Vice President</u>	State <u>California</u>	ZIP Code + 4 <u>91744</u>	
5.b. Termination Date <u>2/26/2009</u>		5.c. Amount <u>19,269</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <u>DS Waters of America, Inc.</u>			
Trade Name <u>DS Water Crystal Springs</u>	Street <u>1313 Pacific Drive</u>		
Attention To: <u>Tom</u> <input type="checkbox"/> <u>Harrington</u>	City <u>Burlington</u>		
Title <u>Chief Operating Officer</u>	State <u>Washington</u>	ZIP Code + 4 <u>98233</u>	
5.b. Termination Date <u>11/21/2009</u>		5.c. Amount <u>35,756</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <u>Protransport-1</u>			
Trade Name <u></u>	Street <u>720 Portal Street</u>		
Attention To: <u>William</u> <input type="checkbox"/> <u>Snell</u>	City <u>Cotati</u>		
Title <u>General Counsel</u>	State <u>California</u>	ZIP Code + 4 <u>94931</u>	
5.b. Termination Date <u>08/15/2009</u>		5.c. Amount <u>328,596</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <u>Superior Mobile Medics, Inc.</u>			
Trade Name <u></u>	Street <u>3838 Camino Del Rio North</u>		
Attention To: <u>Kevin</u> <input type="checkbox"/> <u>Sanders</u>	City <u>San Diego</u>		
Title <u>Chief Executive Officer</u>	State <u>California</u>	ZIP Code + 4 <u>92108</u>	
5.b. Termination Date <u>10/16/2009</u>		5.c. Amount <u>3,000</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <u>Sutter Roseville Medical Center</u>			
Trade Name <u></u>	Street <u>One Medical Plaza Drive</u>		
Attention To: <u>Michelle</u> <input type="checkbox"/> <u>Dewyea</u>	City <u>Roseville</u>		
Title <u>Dir. of Labor and Employee Relation</u>	State <u>California</u>	ZIP Code + 4 <u>95611</u>	
5.b. Termination Date <u>8/15/2009</u>		5.c. Amount <u>30,204</u>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <u>Tommy House Tire.</u>			
Trade Name <u></u>	Street <u>340 E. Macon</u>		
Attention To: <u>Beth</u> <input type="checkbox"/> <u>Austin</u>	City <u>Decatur</u>		
Title <u>President</u>	State <u>Illinois</u>	ZIP Code + 4 <u>62523</u>	
5.b. Termination Date <u>6-6-2009</u>		5.c. Amount <u>22,270</u>	

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, Bldg., Room No., if any

Employer The Townsend Corporation

Trade Name

Street 101 South Main Street

Attention To: Phil Chambers

City Parker City

Title CEO & President

State Indiana ZIP Code + 4 47368

5.b. Termination Date

5.c. Amount 37,166

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

Mailing Address:

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

Employer

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:

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

Employer

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:

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

Employer

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:

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

Employer

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:

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

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

7. Disbursements to Officers and Employers:

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