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. 1215-0188 Expires 09-30-2011

rt 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. ding 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** 

Month/Day/Year Month/Day/Year 2. Period Covered 1 . File Number C- 00527 ( mm/dd/yyyy ) ( mm/dd/yyyy ) By This Report /01 / 2011 Through: 12/31/2011 A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name M HERMANN JOHN Title Title CHIEF EXECUTIVE OFFICER Organization LABOR RELATIONS SERVICES, Organization P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any SUITE 190 Street 24 CORPORATE PLAZA Street City City NEWPORT BEACH ZIP Code + 4 92660 State ZIP Code + 4 State California 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 18. Signed Treasurer (if other title, see (If other title, see President Treasurer instructions) Title instructions)

03

28

Date

2012

031/ 28

Date

On

2012

949-719-1962

Telephone Number

949-719-1962

Telephone Number

| Name of Person Fi               | ing: | JOHN HERMANN                                  |                   |            |           |                         |                                       | File Number C-                        | 00527          |                       |  |
|---------------------------------|------|---|-------------------|------------|-----------|-------------------------|---------------------------------------|---------------------------------------|----------------|-----------------------|--|
|                                 |      |   |                   |            |           |                         |                                       |                                       |                |                       |  |
| B. Statement of R               | ece  | ipts Report all receipts fror<br>or services. | n employers in    | connec     | tion with | h labor relat           | ons advice or serv                    | ces regardless o                      | f the purpose  | s of the advice       |  |
| 5.a. Name and Addre             | ess  | of Employer (including trade na               | ame, if any).     |            |           | P.O. Box                | Mailing Address:<br>Building and Roon | Number, if any                        |                |                       |  |
| Employer w.                     | R    | . GRACE & COCOM                               | 1N                |            |           |                         |                                       |                                       |                |                       |  |
| Trade Name                      |      |   |                   |            |           | Street 7500 GRACE DRIVE |                                       |                                       |                |                       |  |
| Attention To                    | DA   | VID AC  | GRESTI            |            |           | City                    | COLUMBIA                              |                                       |                |                       |  |
| Title                           |      |   |                   |            |           | State                   | Maryland                              |                                       | ZIP Code +     | 4 21011               |  |
| 5.b. Termination [              |      | 8/27/2011                                     |                   |            |           | 5.c. Amou               | ınt 68,888                            |                                       |                |                       |  |
| 6. TOTAL RECEIF                 | TS   | FROM ALL EMPLOYERS                            | 441,411           |            |           |                         |                                       |                                       |                |                       |  |
|                                 |      |   |                   |            |           |                         |                                       |                                       |                |                       |  |
| C. Statement of D               | isb  | ursements Report all di                       | isbursements r    | nade by    | the rep   | orting organ            | ization in connection                 | on with labor rela                    | tions advice o | or services rendered  |  |
|                                 |      |   | oyers listed in F |            |           | orung organ             |                                       |                                       |                |                       |  |
| 7. Disbursements to<br>(a) Name | Off  | cers and Employees:                           | (b) Salary        | (c) Expe   | nses (d)  | Totals                  |                                       |                                       |                |                       |  |
| JOHN                            | М    | HERMANN                                       | 25,274            |            | 105       | 29,37                   | 9 9. Office and A                     | dministrative Exp                     | enses          | 43,642                |  |
| NOLA                            | L    | BUCKMAN                                       | 11,263            |            | 0         | 11,26                   | 3 10. Publicity                       | · · · · · · · · · · · · · · · · · · · |                | 3,257                 |  |
| JANE                            |      | MATA  | 1,773             |            |           | 1,77                    | 3 11. Fees for Pr                     | ofessional Servic                     | es             | 265,049               |  |
| SHAUNNA                         |      | SCHNITKER                                     | 356               |            | 0         | 35                      | 6 12. Loans Made                      | )                                     |                | 0                     |  |
| MOLLY                           |      | HARDY   | 2,265             |            | 0         | 2,26                    | 5 13. Other Disb                      | ursements                             |                | 0                     |  |
| 8. Total disbursem              | ents | to officers and employees                     | :                 |            |           | 45,03                   | 6 14. Total Disbur                    | sements (Sum of It                    | ems 8-13)      | 356,984               |  |
|                                 |      |   |                   |            |           |                         |                                       |                                       |                |                       |  |
| D. Schedule of D                | sbı  | rsements for Reportable                       | Activity          | Ise this   | Schedu    | ule to report           | only disbursements                    | s made for the pu                     | rposes descr   | ibed in Part D of the |  |
|                                 |      | •   | •                 | instructio |           | and to roport           |                                       |                                       |                |                       |  |
| 15.a. Employer Na               | me   |   |                   |            |           | 15.b. Tra               | de Name, If any:                      |                                       |                |                       |  |
| <u> </u>                        |      |   |                   |            |           |                         |                                       |                                       |                |                       |  |
| 15.c. To Whom Pa                | id   |   |                   |            |           | 15.d. Am                | ount                                  |                                       |                |                       |  |
| Name                            |      |   | -                 |            |           | 15.e. Pur               | noso                                  |                                       |                |                       |  |
| Title                           |      |   |                   | 13.e. Fur  | pose      |                         |                                       | -                                     |                |                       |  |
| Organization                    |      |   |                   |            |           | ٦                       |                                       |                                       |                |                       |  |
| Organization                    |      |   |                   |            |           | J                       |                                       |                                       |                |                       |  |
| DO Poy Build                    | in   | and Room Number, if any                       |                   |            |           |                         |                                       | 4                                     |                |                       |  |
| P.O. BOX, Build                 | my   | and Room Number, ii any                       |                   | 7          |           |                         |                                       |                                       |                |                       |  |
| Street                          |      |   |                   | ==         |           |                         |                                       |                                       |                |                       |  |
| City                            |      |   | <del></del>       |            |           |                         |                                       |                                       |                |                       |  |
|                                 |      | 71  | IP Code + 4       |            |           | ,                       |                                       |                                       |                |                       |  |
| State Washin                    |      |   |                   |            |           | J   L                   |                                       |                                       |                |                       |  |
| 16. TOTAL DISBL                 | RS   | EMENTS FOR ALL REPOR                          | RTABLE ACTIV      | /ITY       |           |                         |                                       |                                       |                |                       |  |

Form LM-21 (2003)

| Name of Person Filing: JOHN HERMANN  |   |                        |                  |              | File Number C- 00527                        |                 |  |  |  |
|--|---|------------------------|------------------|--------------|---|-----------------|--|--|--|
| B. Statement of F  | Receipts Report all re<br>advice or service |                        | rs in connection | with labor i | relations advice or serv                    | rices regardles | ss of the purposes of the  |  |  |
| 5.a. Name and Add  | dress of Employer (incl                     |                        | any).            |              | Mailing Address:                            |                 | <del></del>  |  |  |
| Employer BEK COMMUNICATIONS  |   |                        |                  |              | P.O. Box, Bldg., Room No., if any           |                 |  |  |  |
| •  | IK COMMUNICATION                            |                        |                  |              |   |                 |  |  |  |
| Trade Name   |   |                        |                  | Street       | 200 EAST BROAD                              | WAY             | <u></u>  |  |  |
| Attention To:  | DERRICK                                     | BULAWA                 |                  | City         | STEELE                                      |                 | ZID Codo I A   |  |  |
| Title  | CEO   |                        |                  | State        | North Dakota                                |                 | ZIP Code + 4 58482   |  |  |
| 5.b. Termination Da  | ate 1/28/2012                               |                        | ]                | 5.c. Amo     | ount 4,000                                  |                 |  |  |  |
|  | dress of Employer (incli                    |                        | iny).            | P.O. B       | Mailing Address:<br>ox, Bldg., Room No., if | any             |  |  |  |
| Employer ME  | TRO WEST AMBULA                             | ANCE                   |                  |              |   |                 |  |  |  |
| Trade Name   |   |                        |                  | Street       | 5475 NE SAWSON                              | CREEK DR        | IVE  |  |  |
| Attention To:  | LARRY                                       | BOXMAN                 |                  | Cíty         | HILLSBORO                                   |                 |  |  |  |
| Title  | V.P. OF OPERAT                              | IONS                   |                  | State        | Oregon                                      |                 | ZIP Code + 4 97124-5797  |  |  |
| 5.b. Termination D   | ate 1/9/2012                                |                        |                  | 5.c. Amo     | ount 2,500                                  |                 |  |  |  |
| 5.a. Name and Add  | dress of Employer (incl                     | uding trade name, if a | any).            | <del> </del> | Mailing Address:                            |                 |  |  |  |
| l law  | A.C. Darr GUDEDW                            | ADVIDE TAKE            |                  | P.O. B       | ox. Blda., Room No., if                     | anv             |  |  |  |
| Ciripioyei   | AS BALL SUPERM                              | ARKET, INC.            |                  |              | 0.41 000000                                 |                 |  |  |  |
| Trade Name   | SUN FRESH                                   | r-1r                   |                  |              | 241 SOUTH 18TH                              | STREET          |  |  |  |
| 1  | JOHN  | BALL                   |                  | City         | KANSAS CITY                                 |                 |  |  |  |
| Title  | PRESIDENT                                   |                        |                  | State        | Missouri                                    | - <del> </del>  | ZIP Code + 4 66102-5602  |  |  |
| 5.b. Termination Da  | ate 11/27/2011                              |                        | ]                | 5.c. Amo     | ount 45,130                                 |                 |  |  |  |
|  | dress of Employer (incl                     |                        | iny).            | P.O. B       | Mailing Address:<br>ox, Bldg., Room No., if | any             |  |  |  |
| Employer EAS   | ST-WEST UNIVERS                             | SITY                   |                  |              |   |                 |  |  |  |
| Trade Name   |   |                        |                  | Street       | 816 S. MICHIGAN                             | N AVE.          |  |  |  |
| Attention To:  | MOHAMMAND                                   | WKHAN                  |                  | City         | CHICAGO .                                   |                 | I  |  |  |
| Title  | CHANCELLOR                                  |                        |                  | State        | Illinois                                    |                 | ZIP Code + 4 60605-2185  |  |  |
| 5.b. Termination Date 5/14/2011 5.c. Amount 28,877   |   |                        |                  |              |   |                 |  |  |  |
| 5.a. Name and Add  | dress of Employer (incli                    | uding trade name, if a | any).            |              | Mailing Address:                            |                 |  |  |  |
| BA   | Y AREA BEVERAGE                             | 7 CO                   |                  | P.O. B       | ox, Blda., Room No., if                     | anv             |  |  |  |
| Ciripioyer   | 1 AKEA DEVERGO                              |                        |                  | Stroot       | 700 NATIONAL CC                             | MIDT            |  |  |  |
| Trade Name   | m   | T OLDBEDDA GV          |                  |              | RICHMOND                                    |                 |  |  |  |
| Attention To:  |   | LOUDERBACK             |                  | City         |   |                 | ZIP Code + 4 94804   |  |  |
| Title  | PRESIDENT AND                               | GENERAL MANAGE         | :R               | State        | California                                  |                 | Zir Code + 4 94804   |  |  |
| 5.b. Termination D   | ate 6/11/2011                               |                        | ]                | 5.c. Amo     | ount 29,107                                 |                 |  |  |  |
| 5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:  P.O. Box, Bldg Room No if any |   |                        |                  |              |   |                 |  |  |  |
| Employer DS WATERS OF AMERICA, INC   |   |                        |                  |              |   |                 |  |  |  |
| Employer DS  | WATERS OF AMER                              | RICA, INC              |                  |              | SUITE 500                                   |                 |  |  |  |
| Employer DS  Trade Name  | WATERS OF AMER                              | RICA, INC              |                  |              | SUITE 500<br>5660 NEW NORTHS                | SIDE DRIVE      |  |  |  |
|  |   | RICA, INC              |                  |              |   |                 | errore and the contract of the |  |  |
| Trade Name Attention To:   |   | HARRINGTON             |                  | Street       | 5660 NEW NORTHS                             |                 | ZIP Code + 4 30328   |  |  |

| 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 JENSEN PRECAST  |                      |               |                                  |             |                         |  |  |  |  |
| Trade Name  |                      | ——J<br>Street | Street 14221 SAN BERNARDINO AVE. |             |                         |  |  |  |  |
| Attention To: DON JENSEN  |                      | City          | FONTANA                          |             | 1                       |  |  |  |  |
| Title CHIEF EXECUTIVE OFFICER   |                      | State         | California                       |             | ZIP Code + 4 92335-5232 |  |  |  |  |
| 5.b. Termination Date 5/27/2011   | ]                    | 5.c. Amo      | ount 132,033                     |             |                         |  |  |  |  |
| 5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:   |                      |               |                                  |             |                         |  |  |  |  |
| P.O. Box, Bldg., Room No., if any   |                      |               |                                  |             |                         |  |  |  |  |
| Employer SUPER MARKET ASSOCIATES  |                      |               | E 3.3 DOUEDEN                    | AVID        |                         |  |  |  |  |
| Trade Name Attention To: THOM CARDOZA   |                      | City          | MODESTO                          | AVE.        | 7                       |  |  |  |  |
|   |                      | •             | California                       |             | ZIP Code + 4 95354-4013 |  |  |  |  |
|   |                      | T             |                                  |             | 95354-4013              |  |  |  |  |
| 5.b. Termination Date 12/31/2010  | <u> </u>             | 5.c. Amo      | ount 36,899                      |             |                         |  |  |  |  |
| 5.a. Name and Address of Employer (including trade name, if a   | ny).                 | D O D         | Mailing Addres                   |             |                         |  |  |  |  |
| Employer  |                      | Р.О. В        | DX. BIGG., ROOM N                | o., ii anv  |                         |  |  |  |  |
| Trade Name  |                      | Street        |                                  |             |                         |  |  |  |  |
| Attention To:   |                      | City          |                                  |             | 1                       |  |  |  |  |
| Title   |                      | State         |                                  |             | ZIP Code + 4            |  |  |  |  |
| 5.b. Termination Date   | ]                    | 5.c. Amo      | ount                             |             |                         |  |  |  |  |
| 5.a. Name and Address of Employer (including trade name, if a   | ny).                 |               | Mailing Address                  | s:          |                         |  |  |  |  |
|   |                      | P.O. Bo       | ox, Bidg., Room No               | o., if any  |                         |  |  |  |  |
| Employer L  |                      |               |                                  |             |                         |  |  |  |  |
| Trade Name  |                      | Street        |                                  |             |                         |  |  |  |  |
| Attention To:   |                      | City          |                                  |             | ZIP Code + 4            |  |  |  |  |
| Title   |                      | State         |                                  |             | ZIF 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  |                      | P.O. B        | DX. Bldd., Room N                | J., II dily |                         |  |  |  |  |
| Trade Name  |                      | Street        |                                  | 127         |                         |  |  |  |  |
| Attention To:   |                      | City          |                                  |             |                         |  |  |  |  |
| Title   |                      | State         |                                  |             | ZIP Code + 4            |  |  |  |  |
| 5.b. Termination Date   | 1                    | 5.c. Amo      | ount                             |             |                         |  |  |  |  |
|   |                      |               |                                  |             |                         |  |  |  |  |
| 5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:  P.O. Box. Blda Room No if any  |                      |               |                                  |             |                         |  |  |  |  |
| Employer  |                      |               |                                  |             |                         |  |  |  |  |
| Trade Name  |                      | Street        |                                  |             |                         |  |  |  |  |
| Attention To:   |                      | City          |                                  |             | ZIP Code + 4            |  |  |  |  |
| Title   |                      | State         | <u></u>                          |             | Zii Code ' 4            |  |  |  |  |
| 5.b. Termination Date   | 1                    | 5.c. Amo      | ount                             |             |                         |  |  |  |  |