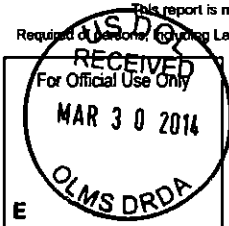


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

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

552404

1. File Number C- 00527	2. Period Covered By This Report From: 01/01/2013 Through: 12/31/2013
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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 [Signature] President  
Title President  
(if other title, see instructions)

On 03/28/2014 (949) 719-1962  
Date Telephone Number

18. Signed [Signature] Treasurer  
Title Treasurer  
(If other title, see instructions)

On 03/28/2014 (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:

Employer BAY SHIPPERS, LLC

P.O. Box, Building and Room Number, 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 12/11/2013

5.c. Amount 27,907

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 500,308

**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	46,902	5,424	52,326	9. Office and Administrative Expenses	3,674
NOLA L BUCKMAN	12,255	0	12,255	10. Publicity	
NINA MOSTAJO	7,665	0	7,665	11. Fees for Professional Services	419,636
SHAUNNA SCHNITKER	4,752	0	4,752	12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			76,998	14. Total Disbursements (Sum of Items 8-13)	500,308

**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>B. Statement of Receipts</b> 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	BREDEMANN TOYOTA	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1301 W. DEMPSTER STREET
Attention To:	JOHN BREDEMANN	City	PARK RIDGE
Title		State	Illinois ZIP Code + 4 60068
5.b. Termination Date 6/10/2013		5.c. Amount 3,900	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	DONCASTERS	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	36 SPRING LANE
Attention To:	JOE COMEAU	City	FARMINGTON
Title	DIRECTOR, HUMAN RESOURCES	State	Connecticut ZIP Code + 4 06032
5.b. Termination Date 6/10/2013		5.c. Amount 10,800	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	ELDER CARE PROVIDERS OF INDIANA, INC.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1387 N. SHADELAND AVE.
Attention To:	ANTHONY SMITH	City	INDIANAPOLIS
Title		State	Indiana ZIP Code + 4 46219
5.b. Termination Date 10/11/2013		5.c. Amount 3,600	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	W. R. GRACE	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	7500 GRACE DRIVE
Attention To:	ANDREW MORRISON	City	COLUMBIA
Title		State	Maryland ZIP Code + 4 21044
5.b. Termination Date 12/27/2013		5.c. Amount 40,219	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	HOME INSTEAD CARE	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	8771 WEST POINT DRIVE
Attention To:	PAUL SCHNEIDER	City	INDIANAPOLIS
Title		State	Indiana ZIP Code + 4 46231
5.b. Termination Date 11/4/2013		5.c. Amount 5,738	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	K&M TIRE	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	965 SPENCERVILLE ROAD
Attention To:	CHERYL GOSSARD	City	DELPHOS
Title	VICE PRESIDENT	State	Ohio ZIP Code + 4 45833
5.b. Termination Date 12/16/2013		5.c. Amount 39,990	

Name of Person Filing: JOHN HERMANN		File Number C- 00527	
<b>B. Statement of Receipts</b> 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	KING AEROSPACE	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	4444 WESTGROVE
Attention To:	JERRY KING	City	ADDISON
Title	CHAIRMAN & FOUNDER	State	Texas ZIP Code + 4 75001
5.b. Termination Date 12/16/2013		5.c. Amount 79,508	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	LABOR INFORMATION SERVICES, INC.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	27407 PACIFIC COAST HIGHWAY
Attention To:	MARTA DE LOS RIOS	City	MALIBU
Title	OFFICE MANAGER	State	California ZIP Code + 4 90265
5.b. Termination Date 5/10/2013		5.c. Amount 3,618	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	MARVIN SHEET METAL	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	604 53RD AVENUE
Attention To:	ROBERT HAWKINS	City	EAST FIFE
Title	PRESIDENT	State	Washington ZIP Code + 4 98424
5.b. Termination Date 7/9/2013		5.c. Amount 6,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	MID VALLEY FOODS, INC.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1864 ACKLEY CIRCLE
Attention To:	LES CASEY	City	OAKDALE
Title	OWNER	State	California ZIP Code + 4 95361
5.b. Termination Date 4/4/2013		5.c. Amount 9,610	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	NISHIMOTO TRADING	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	13409 ORDEN DRIVE
Attention To:	LISA TANAKA	City	SANTA FE SPRINGS
Title	HUMAN RESOURCES MANAGER, PHR	State	California ZIP Code + 4 90670
5.b. Termination Date 6/17/2013		5.c. Amount 256,358	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	PACIFIC PRODUCE	P.O. Box, Bldg., Room No., if any	P.O. BOX 879
Trade Name		Street	
Attention To:	JENNIFER SMITH	City	SO. SAN FRANCISCO
Title	OWNER/PRESIDENT	State	California ZIP Code + 4 94083
5.b. Termination Date 6/10/2013		5.c. Amount 9,366	

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: SENIOR HELPERS Trade Name: Attention To: VICKIE      BEESON Title: OWNER	P.O. Box, Bldg., Room No., if any: Street: 745 N. STATE STREET City: GREENFIELD State: Indiana      ZIP Code + 4: 46140		
5.b. Termination Date: 11/4/2013	5.c. Amount: 3,694		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Trade Name: Attention To: Title:	P.O. Box, Bldg., Room No., if any: Street: City: State:      ZIP Code + 4:		
5.b. Termination Date:	5.c. Amount: 0		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Trade Name: Attention To: Title:	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).		Mailing Address:	
Employer: Trade Name: Attention To: Title:	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).		Mailing Address:	
Employer: Trade Name: Attention To: Title:	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).		Mailing Address:	
Employer: Trade Name: Attention To: Title:	P.O. Box, Bldg., Room No., if any: Street: City: State:      ZIP Code + 4:		
5.b. Termination Date:	5.c. Amount:		