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

No. 1215-0188
Expires 09-30-201

This report is mandatory under P.L 86-257, as amended. Fallure 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)

For Official Use Only

READ THE INSTRUCTIONS CAPERING.



E CLMS DEDY	606155
1 . File Number C- 00527	2. Period Covered By This Report From: 01 / 01 / 2015 Through: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 12 / 31 / 2015
A. Person Filing	
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name JOHN M HERMANN	Name
Title CHIEF EXECUTIVE OFFICER	Title
Organization LABOR RELATIONS SERVICES, INC.	Organization
P.O. Box, Building and Room Number, if any SUITE 190	P.O. Box, Building and Room Number, if any
Street 24 CORPORATE PLAZA	Street
City NEWPORT BEACH	City
State California ZIP Code + 4 92660	State ZIP Code + 4
	atures
Each of the undersigned declares, under penalty of perjury and other applicable pena information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	Ities of law, that all of the information submitted in this report (including the ne signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	Title Treasurer (If other title, see instructions)
On 02/23/2016 (949) 719-1962 Date Telephone Number	On 02 / 23 / 2016 (949) 719-1962 Date Telephone Number
<u> </u>	

Name of Person Fi	ing:	JOHN HERMANN					File Number C- 00527	,
B. Statement of R	ece	ipts Report all receipts from or services.	n employers ir	connection	with labor rela	tion	s advice or services regardless of the purpos	es of the advice
5.a. Name and Address	ess (of Employer (including trade na	ıme, if any).				ailing Address:	
Employer F:	sh	er Printing, Inc.			P.O. Box	K, B	uilding and Room Number, if any	
Trade Name		or reading, the	·		J Street	L	40 South Oketo Ave.	
	taz d	llard Fi	scher		City	<u>_</u>		_
			.sciiei		1	_	idgeview	
Title	CE	0		·	State	[1]	linois ZIP Code	+4 60455
5.b. Termination [ate	5/23/2015			5.c. Amo	ount	268,856	
6. TOTAL RECEIP	TS	FROM ALL EMPLOYERS	417,410					
								
								
C. Statement of E	isb	ursements Report all di to the emplo	sbursements i yers listed in f	made by the Part B.	reporting orga	niza	tion in connection with labor relations advice	or services rendered
7. Disbursements to	Offi	cers and Employees:	•					
(a) Name	16	<u> </u>	(b) Salary	(c) Expenses	1			
John	M	Hermann	81,209		 		Office and Administrative Expenses	5,345
Nina	<u>IL</u>	Mostajo	49,403	600	-		10. Publicity	0
Shaunna		Schnitker	7,251	<u></u>	7,2		11. Fees for Professional Services	338,575
			0	<u> </u>	1	0	12. Loans Made	0
	<u> </u>	<u> </u>	<u> </u>	<u> </u>			13. Other Disbursements	<u> </u>
8. Total disbursem	ent	s to officers and employees	: 		138,4	63	14. Total Disbursements (Sum of Items 8-13)	482,383
D. Schedule of D	isbı	rsements for Reportable	Activity	Use this Sch	edule to repor	t on	ly disbursements made for the purposes des	cribed in Part D of the
				instructions.				
15.a. Employer Na	ame	: 			15.b. Tr	ade	Name, if any:	1
					j	<u> </u>		
15.c. To Whom Pa	id				15.d. Ar	nou	nt	
Name					15.e. Pt	ımo	99	
Title			 		10.0.7		,	
Organization								
Organization [
D.O. Bay Build	:	and Danie Number 16 and						•
P.O. Box, Build	ing	and Room Number, if any			- 11			
Street								
City								
Oity					[]			
State		- .	P Code + 4					

Form LM-21 (2003)

Name of Person Filing: JOHN HERMANN						File Number C- 00527		
B. Statement of	Receipts Report all rece	pts from employers in con	nection	with labor r	elations advice or	r services regardle	ss of the purposes of	the
5.a. Name and Ad	dress of Employer (includ			•	Mailing Addres		<u>. </u>	
F1 H6	ealthcare Labor S	olutions		P.O. B	ox, Bldg., Room N	lo., if any		ו
Trade Name		Olderons	<u> </u>	 Street	27762 Anton	nio Darkway I	1 645]]
Attention To:	Robert	Long	<u> </u>	City	Ladera Ranc	nio Parkway L]]
Title	President	Thoug		State			ZIP Code + 4 926	<u></u>
								94
5.b. Termination Date 1/31/2015 5.c. Amount 5,333								
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any								
Employer Ho	ome Instead Senio	r Care (Merrillvi	lle)]
Trade Name]	Street	238 E. 90th	Drive] 1
Attention To:	Sandi	Haywood		City	Merrillvill	.e]	_
Title	President			State	Indiana		ZIP Code + 4 464	LO
5.b. Termination E	Date 10/4/2015			5.c. Amo	ount 4,500			
5.a. Name and Ad	dress of Employer (includ	ing trade name, if any).			Mailing Addres			
T.a	aboratory Corpora	tion of America-S	an Die	P.O. B	o <u>x, Bida., Room N</u>	No., if any		1
, ,	Corpora	cron or America se	7		531 S. Spri	ng Street		1
Trade Name Attention To:	Drew	Chakeres				ing screet	1	ل
Title	<u> </u>	Chakeres		City State	Burlington	<u> </u>	ZIP Code + 4 272:	
1100	Vice President			T	North Carol	ina	J21F Code + 4 272	15
5.b. Termination Date 10/10/2015 5.c. Amount 38,644								
0.0.10.110.110.110	7ate 10/10/2013			5.c. Amo	ount 38,644			
	dress of Employer (includ	ing trade name, if any).		<u> </u>	Mailing Addres			
5.a. Name and Ad	dress of Employer (includ		ew Yor	P.O. B	· · · · · · · · · · · · · · · · · · ·			1
5.a. Name and Ad	dress of Employer (includ	ng trade name, if any).	ew Yor	P.O. B	Mailing Addres	lo., if any		
5.a. Name and Ad	dress of Employer (includ		ew Yor	P.O. Bok	Mailing Addres ox, Bldg., Room N 531 S. Spri	lo., if any	1	
5.a. Name and Ad Employer La Trade Name	dress of Employer (includ	tion of America-No	ew Yor	P.O. Bok	Mailing Addresox, Bldg., Room N 531 S. Spri Burlington	ng Street] ZIP Code + 4 2721]
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5.a. Name and Ad Employer Lea Trade Name Attention To: Title 5.b. Termination 0 5.a. Name and Ad	dress of Employer (including boratory Corpora Drew Vice President Date 11/14/2015	Chakeres Ing trade name, if any).	ew Yor	P.O. Book Street City State 5.c. Amo	Mailing Address ox, Bldg., Room N 531 S. Spri Burlington North Carol ount 56,663	ng Street ina]] ZIP Code + 4 [2721	.5
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