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

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

427343								
1 . File Number C- 00527	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2009 Through: 12 / 31 / 2009							
.′								
A. Person Filing								
Name and mailing address (include ZIP Code):	4. 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 100 Street 24 Corporate Plaza	P.O. Box, Building and Room Number, if any Street							
City Newport Beach	City .							
State California ZIP Code + 4 92660	State ZIP Code + 4							
Signa	atures							
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) On Date Telephone Number President (if other title, see instructions) 18. Signed July Control Treasurer (If other title, see instructions) Director of Finance On Date Telephone Number 18. Signed July Control Treasurer (If other title, see instructions) On Date Telephone Number								

Name of Person Fili	ng:	John Hermann				File Number C- 00527	
B. Statement of R	ece	ipts Report all receipts from or services.	n employers in	connection with	th labor relation	is advice or services regardless of the purpos	ses of the advice
5.a. Name and Addre	SS	of Employer (including trade na	me, if any).			Mailing Address:	
Employer Be	st.	Buy		 	P.O. Box, B	uilding and Room Number, if any	
Trade Name					Street 7	501 Penn Ave. South	
Attention To	 Ji		nowalter		<u></u>	ichfield	
"			-		· -		. 4 55402 2545
Title [rector, Employee R	elations		State M:	innesota ZIP Code	+4 55423-3645
5.b. Termination D	ate	11-14-2009			5.c. Amoun	73,057	
6. TOTAL RECEIP	TS	FROM ALL EMPLOYERS	549,318				
_		· -					
7. Disbursements to			sbursements r yers listed in F (b) Salary			ation in connection with labor relations advice	or services rendered
John		Hermann	71,750	0	71,750	9. Office and Administrative Expenses	103,670
Frank	$\overline{\mathbb{L}}$	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 disburseme	ent	to officers and employees			500,432	14. Total Disbursements (Sum of Items 8-13)	643,170
D. Schedule of Di	sbu	rsements for Reportable		Jse this Sched instructions.	ule to report or	ly disbursements made for the purposes des	cribed in Part D of the
15.a. Employer Na	me	:			15.b. Trade	Name, If any:	
			,				
15.c. To Whom Paid						int	
Name					45 5		<u></u>
Title					15.e. Purpo	se	
_	_				- -		
Organization			, , , ,		-		
B.O. Boy Buildi		and Room Number, if any					
P.O. BOX, Buildi	ny	and Room Number, II any	· · · · · · · · · · · · · · · · · · ·			•	
Street						·	1
City							
State Washir			P Code + 4	 	۱۱ -		
				· · · · · · · · · · · · · · · · · · ·			
16. TOTAL DISBU	KS	EMENTS FOR ALL REPOF	CIABLE ACTIV	VIIY			

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Name of Person Filing: John Hermann			File Number	C-00527				
B. Statement of Receipts Report all receipts from advice or services.	employers in connection w	rith labor r	elations advice or services regard	less of the purposes of the				
5.a. Name and Address of Employer (including trade n	ame, if any).		Mailing Address:					
Employer California Expanded Meta	l Products Co.	P.O. B	ox, Bidg., Room No., if any					
Trade Name CEMCO		 Street	263 North Covina Lane					
Attention To: Tom Porte	er]	City	City of Industry	7				
Title Executive Vice Preside	nt	State	California	ZiP Code + 4 91744				
5.b. Termination Date 2/26/2009		5.c. Amo	unt [19,269					
5.a. Name and Address of Employer (including trade n		P.O. Bo	Mailing Address: ox, Bldg., Room No., if any					
Employer DS Waters of America, Inc								
Trade Name DS Water Crystal Sprin	gs	Street	1313 Pacific Drive					
Attention To: Tom Harr	ington	City	Burlington					
Title Chief Operating Office:	r	State	Washington	ZIP Code + 4 98233				
5.b. Termination Date 11/21/2009		5.c. Amo	ount 35,756					
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:								
Employer Protransport-1		P.O. Bo	ox, Bldg., Room No., if anv					
Trade Name	1	Street	720 Portal Street					
Attention To: William Snell			Cotati					
Title General Counsel		State	California	ZIP Code + 4 94931				
5.b. Termination Date 08/15/2009		5.c. Amo	unt 328,596					
5.a. Name and Address of Employer (including trade n	ame, if any).		Mailing Address:					
O Walila Wali- T		P.O. Bo	ox, Bldg., Room No., if any Suite 250					
Employer Superior Mobile Medics, I	ne.	 Stroot	3838 Camino Del Río No.	rth				
Trade Name								
Attention To: Kevin Sande		- 1	San Diego California	ZIP Code + 4 92108				
Chief Executive Officer	·			92108				
5.b. Termination Date 10/16/2009		5.c. Amo	ount 3,000					
5.a. Name and Address of Employer (including trade n	ame, if any).	P O Bo	Mailing Address: ox. Bldg Room No., if any					
Employer Sutter Roseville Medical	Center		-	·				
Trade Name		Street	One Medical Plaza Drive	e				
Attention To: Michelle Dewye	a	City	Roseville					
Title Dir. of Labor and Emplo	yee Relation	State	California	ZIP Code + 4 95611				
5.b. Termination Date 8/15/2009 5.c. Amount 30, 204								
5.a. Name and Address of Employer (including trade n	ame, if any).		Mailing Address:					
P.O. Box, Bldg., Room No., if any								
Employer Tommy House Tire		 	340 E. Macon					
Trade Name Attention To: Beth Austi		i	Decatur	 T				
Title President	**		Illinois	ZIP Code + 4 62523				
	==-							
5.b. Termination Date 6-6-2009		5.c. Amo	ount 22,270					

Name of Person F	iling: John Herman	n				File Number C	C-00527	
B. Statement of I	Recelpts Report all re		rs in connection	with labor r	elations advice or	services regardle	ess of the purpose	s of the
5.a. Name and Add	dress of Employer (incl		any).		Mailing Addres			
(m)				P.O. B	ox, Bldg., Room N	lo., if any		 -
Employer Th	ne Townsend Cor	poration						
Trade Name				Street	101 South M	ain Street	<u> </u>	
Attention To:	Phil	Chambers		City	Parker City	,		
Title	CEO & Presiden	t		State	Indiana		ZIP Code + 4 4	7368
5.b. Termination D	ate]	5.c. Amo	ount 37,166			
5.a. Name and Add	dress of Employer (incl	uding trade name, if a	ıny).		Mailing Addres			
Employer				P.O. Bo	ox, Bldg., Room N	o., if any		
Trade Name				 Street				=
Attention To:				City		"	<u> </u>	
Title				State				·
				State			JZIP Code + 4	
5.b. Termination D	Pate]	5.c. Amo	ount			
5.a. Name and Add	dress of Employer (incl	uding trade name, if a	any).		Mailing Addres			
		· ·		P.O. B	ox, Blda <u>., Room N</u> Í	lo., if any		 7
Employer L			 1		<u></u>			
Trade Name				Street	<u></u>			
Attention To:				City				
Title				State			ZIP Code + 4	
5.b. Termination D	ate]	5.c. Amo	ount			
5.a. Name and Add	dress of Employer (incl	uding trade name, if a	ıny).		Mailing Address			
Employer				P.O. Bo	ox, Bldg., Room N	o., if any		
Trade Name				Street			<u></u>	==
Attention To:				City			 	
Title				State			_ │ZIP Code + 4	
				3666	<u> </u>]211 COGB + 4	
5.b. Termination D	Pate			5.c. Amo	ount			
5.a. Name and Add	dress of Employer (incli	uding trade name, if a	ıny).		Mailing Addres			
				P.O. Bo	ox. Blda Room N	o if any		\neg
Employer L				 				
Trade Name				Street				
Attention To:		L		City				
Title				State			ZIP Code + 4	
5.b. Termination D	ate]	5.c. Amo	ount			
5.a. Name and Add	dress of Employer (incli	uding trade name, if a	ıny).		Mailing Addres			
Employee			 	P.O. Bo	ox, Blda., Room N	o if anv		
Employer L.	·			Street				===
Trade Name	1,						7	
Attention To:		<u></u>		City []]	
Title				State			ZIP Code + 4	
5.b. Termination D	Pate			5.c. Amo	ount			

tement of Disburser bursements to Officers (a) Name	nents and Employers:		(b) Salary	(c) Expenses	(d) Totals		
	7[7]	 -					
Juan	Cruz		4,200	40	4,240		
Lupe	De Cae		5,644		5,644		
Eddie	Echani	que	90,727	15,973	106,700		
Robert	Long		23,169	5,146	28,315		
Rian	Wathan		124,363	13,521	137,884		
Marilyn	Murray		27,259	3,683	30,942		
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