

# 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

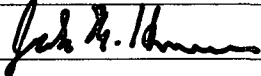
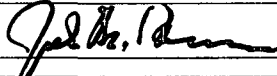
494267

1. File Number C- 00527	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 01/01/2011 Through: Month/Day/Year (mm/dd/yyyy) 12/31/2011
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<b>A. Person Filing</b>	
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  President (if other title, see instructions)	18. Signed  Treasurer (if other title, see instructions)
Title President	Title Treasurer
On 03/28/2012 949-719-1962	On 03/28/2012 949-719-1962
Date Telephone Number	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 W. R. GRACE &amp; CO. -CONN

Trade Name

Street

7500 GRACE DRIVE

Attention To DAVID

AGRESTI

City

COLUMBIA

Title

State

Maryland

ZIP Code + 4 21011

5.b. Termination Date 8/27/2011

5.c. Amount 68,888

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 441,411

**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	25,274	4,105	29,379	9. Office and Administrative Expenses	43,642
NOLA	L	BUCKMAN	11,263	0	11,263	10. Publicity	3,257
JANE		MATA	1,773		1,773	11. Fees for Professional Services	265,049
SHAUNNA		SCHNITKER	356	0	356	12. Loans Made	0
MOLLY		HARDY	2,265	0	2,265	13. Other Disbursements	0
8. Total disbursements to officers and employees:					45,036	14. Total Disbursements (Sum of Items 8-13)	356,984

**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:	
Employer <input type="text" value="BEK COMMUNICATIONS"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="200 EAST BROADWAY"/>	
Attention To: <input type="text" value="DERRICK"/> <input type="text" value="BULAWA"/>		City <input type="text" value="STEELE"/>	
Title <input type="text" value="CEO"/>		State <input type="text" value="North Dakota"/> ZIP Code + 4 <input type="text" value="58482"/>	
5.b. Termination Date <input type="text" value="1/28/2012"/>		5.c. Amount <input type="text" value="4,000"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="METRO WEST AMBULANCE"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="5475 NE SAWSON CREEK DRIVE"/>	
Attention To: <input type="text" value="LARRY"/> <input type="text" value="BOXMAN"/>		City <input type="text" value="HILLSBORO"/>	
Title <input type="text" value="V.P. OF OPERATIONS"/>		State <input type="text" value="Oregon"/> ZIP Code + 4 <input type="text" value="97124-5797"/>	
5.b. Termination Date <input type="text" value="1/9/2012"/>		5.c. Amount <input type="text" value="2,500"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="CHAS BALL SUPERMARKET, INC."/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text" value="SUN FRESH"/>		Street <input type="text" value="241 SOUTH 18TH STREET"/>	
Attention To: <input type="text" value="JOHN"/> <input type="text" value="BALL"/>		City <input type="text" value="KANSAS CITY"/>	
Title <input type="text" value="PRESIDENT"/>		State <input type="text" value="Missouri"/> ZIP Code + 4 <input type="text" value="66102-5602"/>	
5.b. Termination Date <input type="text" value="11/27/2011"/>		5.c. Amount <input type="text" value="45,130"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="EAST-WEST UNIVERSITY"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="816 S. MICHIGAN AVE."/>	
Attention To: <input type="text" value="MOHAMMAD"/> <input type="text" value="KHAN"/>		City <input type="text" value="CHICAGO"/>	
Title <input type="text" value="CHANCELLOR"/>		State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60605-2185"/>	
5.b. Termination Date <input type="text" value="5/14/2011"/>		5.c. Amount <input type="text" value="28,877"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="BAY AREA BEVERAGE CO."/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="700 NATIONAL COURT"/>	
Attention To: <input type="text" value="TJ"/> <input type="text" value="LOUDERBACK"/>		City <input type="text" value="RICHMOND"/>	
Title <input type="text" value="PRESIDENT AND GENERAL MANAGER"/>		State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="94804"/>	
5.b. Termination Date <input type="text" value="6/11/2011"/>		5.c. Amount <input type="text" value="29,107"/>	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="DS WATERS OF AMERICA, INC"/>		P.O. Box, Bldg., Room No., if any <input type="text" value="SUITE 500"/>	
Trade Name <input type="text"/>		Street <input type="text" value="5660 NEW NORTHSIDE DRIVE"/>	
Attention To: <input type="text" value="TOM"/> <input type="text" value="HARRINGTON"/>		City <input type="text" value="ATLANTA"/>	
Title <input type="text" value="CHIEF OPERATING OFFICER"/>		State <input type="text" value="Georgia"/> ZIP Code + 4 <input type="text" value="30328"/>	
5.b. Termination Date <input type="text" value="5/23/2011"/>		5.c. Amount <input type="text" value="93,977"/>	

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 JENSEN PRECAST		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 14221 SAN BERNARDINO AVE.	
Attention To: DON JENSEN		City FONTANA	
Title CHIEF EXECUTIVE OFFICER		State California ZIP Code + 4 92335-5232	
5.b. Termination Date 5/27/2011		5.c. Amount 132,033	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer SUPER MARKET ASSOCIATES		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 533 DOHERTY AVE.	
Attention To: THOM CARDOZA		City MODESTO	
Title GENERAL MANAGER		State California ZIP Code + 4 95354-4013	
5.b. Termination Date 12/31/2010		5.c. Amount 36,899	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
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:	
Employer		P.O. Box, Bldg., Room No., if any	
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:	
Employer		P.O. Box, Bldg., Room No., if any	
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:	
Employer		P.O. Box, Bldg., Room No., if any	
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:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	