

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)

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

457688

1. File Number C- 670	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2010		12 / 31 / 2010

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name **Patrick O'Mara**

Title **President**

Organization **O'Mara & Associates, LLC**

P.O. Box, Building and Room Number, if any

P.O. Box 2624

Street

City **Novato**

State **California** ZIP Code + 4 **94948**

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

A97

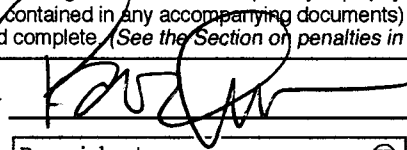
Street **130 Landing Ct**

City **Novato**

State **California** ZIP Code + 4 **94945**

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)
Title **President**

18. Signed _____ Treasurer
(If other title, see instructions)
Title **Treasurer**

On **3/19/2010** Date **70403455** Telephone Number

On **1 / 1** Date _____ Telephone Number

Name of Person Filing:	File Number C-
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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). Employer LRI Consulting Services, Inc. Trade Name Attention To Phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 7850 Elm Place City Broken Arrow State Oklahoma <input checked="" type="checkbox"/> ZIP Code + 4 74011
5.b. Termination Date 03/01/2010 5.c. Amount 18600	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 125855	

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

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: LRI Consulting Services, Inc.	15.b. Trade Name, if any:	
15.c. To Whom Paid Name Patrick O'Mara Title President Organization O'Mara & Associates, LLC P.O. Box, Building and Room Number, if any P.O. Box 2624 Street City Novato State California <input checked="" type="checkbox"/> ZIP Code + 4 94948	15.d. Amount 7175 18600 15.e. Purpose To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:	File Number C-
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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). Employer LRI Consulting Services, Inc. Trade Name Attention To Phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 7850 Elm Place City Broken Arrow State Oklahoma <input checked="" type="checkbox"/> ZIP Code + 4 74011
5.b. Termination Date 08/13/2010	
5.c. Amount 26047	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

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: LRI Consulting Services, Inc.	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Patrick O'Mara Title President Organization O'Mara & Associates, LLC P.O. Box, Building and Room Number, if any P.O. Box 2624 Street City Novato State California <input checked="" type="checkbox"/> ZIP Code + 4 94948	15.d. Amount 26047 15.e. Purpose To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:	File Number C-
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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). Employer LRI Consulting Services, Inc. Trade Name Attention To phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 7850 Elm Place City Broken Arrow State Oklahoma <input checked="" type="checkbox"/> ZIP Code + 4 74011
5.b. Termination Date 01/15/2010 12/10/2010	
5.c. Amount 33078	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

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: LRI Consulting Services, Inc.	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Patrick O'Mara Title President Organization O'Mara & Associates, LLC P.O. Box, Building and Room Number, if any P.O. Box 2624 Street City Novato State California <input checked="" type="checkbox"/> ZIP Code + 4 94948	15.d. Amount 33078 15.e. Purpose To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:

File Number C-

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 White Auto Sales

Trade Name

Street 2575 Auto Mall Pkwy.

Attention To Scott Thomason

City Fairfield

Title President

State California ZIP Code + 4 94533

5.b. Termination Date 03/26/2010

5.c. Amount 14900

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

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:

White Auto Sales

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount 14900

Name Patrick O'Mara

15.e. Purpose

To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively

Title President

Organization O'Mara & Associates, LLC

P.O. Box, Building and Room Number, if any

P.O. Box 2624

Street

City Novato

State California ZIP Code + 4 94948

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C-
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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). Employer Hanlee Auto Group Trade Name Attention To Patrick Madrazo Title GM	Mailing Address: P.O. Box, Building and Room Number, if any Street 495 Soscol Ave City Napa State California <input checked="" type="checkbox"/> ZIP Code + 4 94559
5.b. Termination Date 05/31/10	5.c. Amount 3063
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

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: Hanlee Auto Group	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Patrick O'Mara Title President Organization O'Mara & Associates, LLC P.O. Box, Building and Room Number, if any P.O. Box 2624 Street City Novato State California <input checked="" type="checkbox"/> ZIP Code + 4 94948	15.d. Amount 3063 15.e. Purpose To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing:	File Number C-
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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). Employer Pacific Ship Repair Trade Name Attention To David Bain Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 1625 Rigel St. City San Diego State California <input checked="" type="checkbox"/> ZIP Code + 4 92170
5.b. Termination Date 09/11/2010 5.c. Amount 30167	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

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: Pacific Ship Repair	15.b. Trade Name, If any:	
15.c. To Whom Paid Name Patrick O'Mara Title President Organization O'Mara & Associates, LLC P.O. Box, Building and Room Number, if any P.O. Box 2624 Street City Novato State California <input checked="" type="checkbox"/> ZIP Code + 4 94948	15.d. Amount 30167 15.e. Purpose To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		