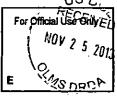
Department of Labor Office of Labor-Management **Standards** Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil pensities 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA) READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number. C- 670 Person Filling Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Patrick **OMara** Title Title President Organization OMara & Associates, LLC Organization P.O. Box, Bldg., Room No., if any P.O. Box 2624 P.O. Box, Bldg., Room No., if any A97 Street Street 130 Landing Court City Novato City Novato State California ☑ ZIP Code + 4 94948 State California 4. Date fiscal year ends: 5. Type of person: Dec a. Individual b. Partnership c. Corporation d. Other (Specify): LLC 0 / Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Date entered into: / 22 / 2013 Name Barbara **Hewitt** 8. Name of person(s) through whom made: Organization Excalibur Name Barbara Hewitt Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 3850 Las Vegas Blvd. So. Name City Las Vegas Name State Nevada Name 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 Section VII on penalties in the instructions.) 13. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) 0 Title Title ___

On

Telephone Number

Fig.		File Number C-
9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:		
a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.		
To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		
10. Terms and conditions (Explain in detail, see instructions. Written agreements must be attached.): Verbal agreement to provide consultation and give speeches to employees about exercising their right to organize and bargain collectively.		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructions):		
a Nature of activity: To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively		
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11.b. Period during which performed: various days beginning 5/22/2013	11.c. Extent performed: Fully performed	4
11.d. Name and address through whom performed:		s through whom performed, if any:
Name	Name	· · · · · · · · · · · · · · · · · · ·
Organization Government Resources Consultants of Americ	Organization	
P.O. Box, Bldg., Room No., if any 106	P.O. Box, Bldg., Room No.,	if any
Street 253 Commerce Dr.	Street	
City Grayslake	City	
State Illinois	State	ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor of	organizations:
Ticket Showroom Clerks	Security, Officer,	Police and Guards
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