

FORM LM-21

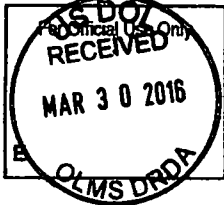
RECEIPTS AND DISBURSEMENTS REPORT

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

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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 209(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

618197

1. File Number C- 66231	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2015		12 / 31 / 2015

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Patrick O'Mara	Name
Title President	Title
Organization O'Mara & Associates, LLC	Organization
P.O. Box, Building and Room Number, if any P.O. Box 2624	P.O. Box, Building and Room Number, if any A97
Street	Street 130 Landing Court
City Novato	City Novato
State California ZIP Code + 4 94948	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)	18. Signed _____	Treasurer (if other title, see instructions)
Title President		Title _____	
On 3/31/16	10703455	On 1/1	
Date	Telephone Number	Date	Telephone Number

Sign/Print

Submit to OL ^{21Receipts21n/a}

Coc

Reset

Spawn List

Name of Person Filing: D'Wane KASSOL. LLC	File Number C- 66231
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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 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74011
5.b. Termination Date 12/31/15	5.c. Amount 276,523
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10779	

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: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State <input type="text"/> ZIP Code + 4	15.b. Trade Name, If any: 15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 10779		

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.
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15.a. Employer Name: Brownsville Marine	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 4,567 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: FedEx Freight Corporation	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 128,448 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Laboratory Corporation of America Holdings	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 56,922 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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.
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15.a. Employer Name: Martin Transportation Systems	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 14,454 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Paradigm Precision	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 8,867 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Professional Service Industries, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 15,897 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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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: PSAV	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 11,127 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: River Cities Disposal LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 36,247 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.