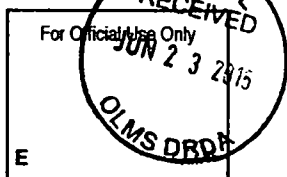


FORM LM-21

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

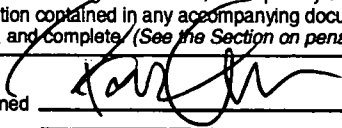
593754

1. File Number C- 670	2. Period Covered By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014
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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 Court 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  Title President	President (if other title, see instructions)	18. Signed _____ Title _____	Treasurer (if other title, see instructions)
On 6/24/15 Date	707-250-2505 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). Mailing Address:
P.O. Box, Building and Room Number, if any

Employer LRI Consulting Services, Inc.

Trade Name Street 7850 S. Elm Place

Attention To Phil Wilson City Broken Arrow

Title President State Oklahoma ZIP Code + 4 74011

5.b. Termination Date 12/31/14 5.c. Amount 240,270

6. TOTAL RECEIPTS FROM ALL EMPLOYERS ~~10970~~ 240,270

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.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	
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.

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 20,249 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Capital Distributing 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 5,383 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Carlisle Interconnect Technologies	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 72,473 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: Conway Olejniczak & Jerry	15.b. Trade Name, if any: on behalf of Silvan-Samuel Press
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 17,316 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 10,821 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Sutter Health	15.b. Trade Name, if any: engaged by Healthcare Labor Sol
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 3,146 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: Mountaire Farms 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 13,460 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Owens Corning	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 25,257 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Shred-It International 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 8,967 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.

15.a. Employer Name: Steel Fab a division of Samuel Pressure	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 50,035 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Treasure Island Hotel & Casino	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 13,163 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.