∠ U.S./Department of Labor ffice of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

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

11-11-0

451488	
1 . File Number C- 670	2. Period Covered Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyy)
\$75	By This Report
A. Person Filing	
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, Building and Room Number, if any
P.O. Box 2624	A97
Street	Street 130 Landing Ct
City Novato	City Novato
State California 💮 ZIP Code + 4 94948	State California 🔘 ZIP Code + 4 94945
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and complete (See the Section on penalties in the instructions).	
17. Signed President (if other title, see	18. Signed Treasurer (If other title, see
Title President (instructions)	Title Treasurer (instructions)
2 No 00 0 000000000000000000000000000000	

Telephone Number

Name of Person Filing:	File Number C-					
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice					
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 Elm Place					
Attention To Phil Wilson	City Broken Arrow					
Title President	State Oklahoma ØZIP Code + 4 74011					
5.b. Termination Date 03/01/2010	5.c. Amount 18600					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 12-58-55	and the second of the second o					
160893						
C. Statement of Disbursements Report all disbursements made by the report of the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered					
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	otals					
	Office and Administrative Expenses					
	10. Publicity					
	11. Fees for Professional Services					
	12. Loans Made					
	13. Other Disbursements					
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)					
	e to report only disbursements made for the purposes described in Part D of the					
instructions.	Legh Toda Norwall					
15.a. Employer Name:	15.b. Trade Name, If any:					
LRI Consulting Services, Inc.						
15.c. To Whom Paid	15.d. Amount VSVOO					
Name Patrick O'Mara	15.e. Purpose To provide consultation and give speeches to employees regarding their rights to organize and					
Title President						
Organization O'Mara & Associates, LLC	bargain collectively.					
P.O. Box, Building and Room Number, if any						
P.O. Box 2624						
Street						
City Novato						
State California 🔘 ZIP Code + 4 94948						

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5.a. Name and Address of Employer (including trade name, if any).		P.O. Bo	Mailing Address: x, Building and Room	Number, if any			
Employer LRI Consulting Services, Inc.							
Trade Name		Street	Street 7850 Elm Place				
Attention To Phil Wilson		City	City Broken Arrow				
Title President		State	State Oklahoma				
5.b. Termination Date 08/13/2010		5.c. Am	ount 26047				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
C. Statement of Disbursements Report all disbursements made by	y the repor	rting orga	anization in connection	n 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) Exp	penses (d) To	otals					
		Office and Administrative Expenses					
			10. Publicity				
			11. Fees for Professional Services				
		12. Loans Ma					
			13. Other Disbu	ırsements			
Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)				
D. Schedule of Disbursements for Reportable Activity Use th	- Cabadule	- to ropo	d only dishursements	made for the purposes des	oribad in Part D of the		
D. Schedule of Dispursements for Reportable Activity Use in instruc		3 to repor	t Only dispuisement	illade for the purposes doc	Cibecini art Doraio		
15.a. Employer Name:		15.b. Trade Name, If any:					
LRI Consulting Services, Inc.							
15.c. To Whom Paid			15.d. Amount 26047				
Name Patrick O'Mara			15.e. Purpose To provide consultation and give speeches to				
Title President							
		employees regarding their rights to organize and bargain collectively					
Organization O'Mara & Associates, LLC							
P.O. Box, Building and Room Number, if any							
P.O. Box 2624							
Street							
City Novato							

State California

Name of Person Filing:	File Number C-					
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice					
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 Elm Place					
Attention To Phil Wilson	City Broken Arrow					
Title President	State Oklahoma					
nie Flesident						
5.b. Termination Date (1971) 12/10/2010	5.c. Amount 33078					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all disbursements made by the report of the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered					
7. Disbursements to Officers and Employees:						
(a) Name (b) Salary (c) Expenses (d) T	otals					
	Office and Administrative Expenses					
	10. Publicity					
	11. Fees for Professional Services					
	12. Loans Made					
	13. Other Disbursements					
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:					
LRI Consulting Services, Inc.						
15.c. To Whom Paid	15.d. Amount 33078					
Name Patrick O'Mara	15.e. Purpose To provide consultation and give speeches to					
Title President						
Organization O'Mara & Associates, LLC	employees regarding their rights to organize and bargain collectively					
P.O. Box, Building and Room Number, if any						
P.O. Box 2624						
Street						
City Novato						
State California 🔘 ZIP Code + 4 94948						

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					
	State California © ZIP Code + 4 94533					
Title President	State					
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 report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered					
7. Disbursements to Officers and Employees:						
(a) Name (b) Salary (c) Expenses (d) To						
	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:						
White Auto Sales						
15.c. To Whom Paid	15.d. Amount 14900					
Name Patrick O'Mara	15.e. Purpose To provide consultation and give speeches to					
Title President						
Organization O'Mara & Associates, LLC	employees regarding their rights to organize and bargain collectively					
P.O. Box, Building and Room Number, if any						
P.O. Box 2624						
Street						
City Novato						
State California						

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Name of Person Filing:					File Number C-		
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B. Statement of Receipts Report all receipts from or services.	employers i	n connection v	with labor re	lations advice or serv	ices regardless of the purpos	es of the advice	
5.a. Name and Address of Employer (including trade name, if any).			P.O. E	Mailing Address: P.O. Box, Building and Room Number, if any			
Employer Hanlee Auto Group				-			
Trade Name	Manifest Hade Group			Street 495 Soscol Ave			
Attention To Patrick Ma	drazo		City	Napa			
Title GM			State	California		+4 94559	
5.b. Termination Date 05/31/10			5.c. A	mount 3063			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
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			eporting or	ganization in connecti	on with labor relations advice	or services rendered	
to the emplo	yers listed in	ran b.					
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:	and employees:			14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable	Activity		edule to rep	ort only disbursement	s made for the purposes des	cribed in Part D of the	
15 a Employer Nama	······································	instructions.	15 h	Trade Name, If any:			
· ·			13.5.	13.b. Trade Name, if any.			
Hanlee Auto Group			45.1				
15.c. To Whom Paid			15.d.	15.d. Amount 3063			
Name Patrick O'Mara				15.e Purpose To provide consultation and give speeches to employees regarding their rights to organize and			
Title President		emp.					
Organization O'Mara & Associates, I	LC			bargain collectively			
D.O. Davi Davilding and Daam Nambas if any							
P.O. Box, Building and Room Number, if any P.O. Box 2624							
Street						:	
City Novato							
MOVALO							

State California

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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Name of Person Filing:				File Number C-			
B. Statement of Receipts Report all receipts from or services.	employers i	in connection wi	th labor rela	ations advice or servi	ces regardless of the purpos	ses of the advice	
5.a. Name and Address of Employer (including trade name, if any).		P.O. Bo	Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Pacific Ship Repair							
Trade Name		Street	^{treet} 1625 Rigel St.				
Attention To David Bai	ention To David Bain		City	City San Diego			
Title President			State California		+4 92170		
2232233							
5.b. Termination Date 09/11/2010			5.c. Am	ount 30167			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS							
							
C. Statement of Disbursements Report all dis	bursements	made by the re	porting orga	anization in connection	on with labor relations advice	or services rendered	
to the employ	ers listed in	Part B.	,				
Disbursements to Officers and Employees: (a) Name	(b) Salary	(c) Expenses (d) Totals				
(a) Name	(b) Guiary	T	, 10(0)	9 Office and A	Administrative Expenses		
				10. Publicity			
					ofessional Services		
				12. Loans Made			
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Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)			
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D. Schedule of Disbursements for Reportable A	Activity	Use this Scheo instructions.	lule to repor	rt only disbursements	s made for the purposes des	cribed in Part D of the	
15.a. Employer Name:			15.b. T	15.b. Trade Name, If any:			
Pacific Ship Repair							
15.c. To Whom Paid		15.d. Aı	15.d. Amount 30167				
Name Patrick O'Mara		15.e. Pi	15.e. Purpose To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively				
Title President		To p					
Organization O'Mara & Associates, LLC							
P.O. Box, Building and Room Number, if any							
P.O. Box 2624							
Street							
City Novato							

State California

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

ZIP Code + 4 94948