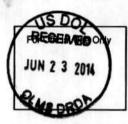
J. Department of Labor ce of Labor-Management Standards Washington, DC 20210

0-470

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

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



1. File Number:

Person Filing

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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

558611

2. Name and mailing address (inclu	ide ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Patrick	OMara	Name
Title President		Title
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: Dec	Type of person: Individual b. Partnership	c. Corporation d. Other (Specify): LLC
Nature of Agreement or Arrange	ment	
the second secon	yer with whom made (include ZIP Code): Correia	7. Date entered into: 4 / 25 / 2014
Organization Carlisle Inter		8. Name of person(s) through whom made: Name Jesse Correia
P.O. Box, Bldg., Room No., if any		Name
Street 7911 South 118th S	t. Suite 100	Name
City Kent		Name
State Washington	⊘ ZIP Code + 4 90245	Name
	Sign	atures
the information contained in any at	under penalty of perjury and other applicable sompanying documents) has been examine section VII on penalties in the instructions.) President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief 14. Signed Treasurer (If other title, see instructions)
On 013 14	707 903 4575 Telephone Number	On Date Telephone Number
On U 13 14 Date	707 903 4525 Telephone Number	On Date Telephone Number

Filer	File Number C-
Check the appropriate box to indicate whether an object of the activities u	undertaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or persuad collectively through representatives of their own choosing.	de employees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of such employer, except information for use solely in conjunction w	of employees or a labor organization in connection with a labor dispute involving with an administrative or arbitral proceeding or a criminal or civil judicial proceed
10. Terms and conditions (Explain in detail; see instructions. Written agreem Verbal agreement to provide consultation and giv to organize and bargain collectively.	nents must be attached.): ve speeches to employees about exercising their right
Specific Activities to be Performed	
a. Nature of activity: To provide consultation and to give speeches to bargain collectively	employees regarding their rights to organize and
To provide consultation and to give speeches to bargain collectively	
To provide consultation and to give speeches to bargain collectively 1.b. Period during which performed:	11.c. Extent performed:
To provide consultation and to give speeches to bargain collectively 1.b. Period during which performed: Various Days Beginning 4/28/14	11.c. Extent performed: On Going
To provide consultation and to give speeches to bargain collectively 1.b. Period during which performed: Various Days Beginning 4/28/14 1.d. Name and address through whom performed:	11.c. Extent performed:
To provide consultation and to give speeches to bargain collectively 1.b. Period during which performed: Various Days Beginning 4/28/14 1.d. Name and address through whom performed: ame	11.c. Extent performed: On Going Additional Name and address through whom performed, if any: Name
To provide consultation and to give speeches to bargain collectively 1.b. Period during which performed: Various Days Beginning 4/28/14 1.d. Name and address through whom performed: ame	11.c. Extent performed: On Going Additional Name and address through whom performed, if any:
To provide consultation and to give speeches to bargain collectively 1.b. Period during which performed: Various Days Beginning 4/28/14 1.d. Name and address through whom performed: ame organization LRI Consulting Services, Inc.	11.c. Extent performed: On Going Additional Name and address through whom performed, if any: Name
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To provide consultation and to give speeches to bargain collectively 1.b. Period during which performed: Various Days Beginning 4/28/14 1.d. Name and address through whom performed: Jame Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 S. Elm Place	11.c. Extent performed: On Going Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any
To provide consultation and to give speeches to bargain collectively 1.b. Period during which performed: Various Days Beginning 4/28/14 1.d. Name and address through whom performed: Jame Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 S. Elm Place Sity Broken Arrow	11.c. Extent performed: On Going Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street
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To provide consultation and to give speeches to bargain collectively 11.b. Period during which performed: Various Days Beginning 4/28/14 11.d. Name and address through whom performed: Name Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74011	11.c. Extent performed: On Going Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 12.b. Identify subject labor organizations:
To provide consultation and to give speeches to bargain collectively 11.b. Period during which performed: Various Days Beginning 4/28/14 11.d. Name and address through whom performed: Name Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74011 2.a. Identify subject groups of employees:	11.c. Extent performed: On Going Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 12.b. Identify subject labor organizations:
To provide consultation and to give speeches to bargain collectively 11.b. Period during which performed: Various Days Beginning 4/28/14 11.d. Name and address through whom performed: Name Organization LRI Consulting Services, Inc. P.O. Box, Bldg., Room No., if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma ZIP Code + 4 74011	11.c. Extent performed: On Going Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 12.b. Identify subject labor organizations: