U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

Required of persons rectuding labor Relations Consultants and Other Individuals and Organizations, to For Official tyles Only	result in criminal prosecution, tines, or cMI penaities as provided by 29 U.S.C. 439 or 440. Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)
	FULLY BEFORE PREPARING THIS REPORT
1 . File Number C- (a)	2. Period Covered By This Report From: O1 / O1 / 2014 Through: Month/Day/Year (mmxtd/yyyy) Through: Month/Day/Year (mmxtd/yyyy) Through: 12 / 31 / 2014
A. Person Filing	
3. Name and mailing address (include ZIP Code):	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
Sig	natures
Each of the undersigned declares, under penalty of perjury and other applicable per information coptained in any accompanying documents) has been examined by correct, and complete (See the Section on penalties in the instructions).	nalties of law, that all of the information submitted in this report (including the the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On U1215 190999555 Telephone Number	On/

Name of Person Filing:					File Number C-		
B. Statement of Receipts Report all receipts from or services.	employers i	n connection wit	n labor rel	ations advice or servi	ces regardless of	f the purpos	ses of the advice
5.a. Name and Address of Employer (including trade name	e, if any).			Mailing Address:			
Employer LRI Consulting Services	, Inc.		P.O. B	P.O. Box, Building and Room Number, if any			
Trade Name			Street	7850 S. Elm 1	Place		
Attention To Phil Wil	son		City	Broken Arrow			
Dunai dant			•	Oklahoma		1	. 74011
Title President			State	OKIANOMA		JZIP Code	+4 74011
5.b. Termination Date 12/31/14			5.c. Am	ount 240,270		··	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	10970						
O. TOTAL TIEGER TO THOM ALL EMPLOYERS &	2	40,270					
C. Statement of Disbursements Report all disb to the employe	oursements	made by the rep	orting org	anization in connection	n with labor relat	ions advice	or services rendered
7. Disbursements to Officers and Employees:	318 118100 111	rato.					
	b) Salary	(c) Expenses (d)	Totals				
	_			9. Office and A	dministrative Exp	enses	
				10. Publicity			
		ļ <u> </u>		11. Fees for Pro	ofessional Servic	es	
				12. Loans Made	; 		
		L		13. Other Disbu	irsements		
8. Total disbursements to officers and employees:			•	14. Total Disburs	sements (Sum of It	ems 8-13)	
D. Schedule of Disbursements for Reportable Ad	ctivity	Use this Scheduinstructions.	de to repo	t only disbursements	made for the pu	rposes des	cribed in Part D of the
15.a. Employer Name:		15.b. Trade Name, If any:					
				•			
15.c. To Whom Paid		15.d. Amount					
Name		15.e. Purpose					
Title		13.e. P	nhosa.				
Organization							ŀ
g (18000-11							
P.O. Box, Building and Room Number, if any			}				

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 10779

Form LM-21 (2003)

Street City State

Name of Person Filing: LRI Consulting Services, I	Inc. File Number C- 00525		
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	15.d Amount 20,249 15.e Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.		
Street 6 Drakewood Lane City Novato			
State CA ZIP Code + 4 9	4947		

15.a. Employer Name: Capital Distrik	outing LLC	15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 5, 383
Name Patrick	O'Mara	15.e. Purpose
Title Organization OMara & Associates LLC		Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Ro	om Number, if any	
Street 6 Drakewood	Lane	
City Novato		
State CA	ZIP Code + 4 94	4947

15.a. Employe Carlis	r Name: sle Interconnect Technologies	15.b. Trade Name, if any:	
15.c. To Whor	=-	15.d. Amount 72, 473	, , ,
Name Title Organization	Patrick O'Mara OMara & Associates LLC	15.e. Purpose Engaged to communicate to employees exercising their rights to organize collectively.	
P.O. Box, B	uilding and Room Number, if any		
Street 6 D	rakewood Lane		
City Nov	vato .	İ	
State CA	ZIP Code +	94947	

Name of Person Filing:	LRI Consulting Services, Inc.	File Number C- 00525
I.		

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: Conway Olejniczak & Jerry	15.b. Trade Name, if any: on behalf of Silvan-Samuel Press
15.c. To Whom Paid	15.d. Amount 17, 316
Name Patrick O'Mara Title Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any	15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
Street 6 Drakewood Lane	
City Novato State CA ZIP Code -	+4 94947

15.a. Employer Name: FedEx Freight Corp	poration	15.b. Trade Name, if any:
15.c. To Whom Paid	O'Mara	15.d. Amount 10, 821
Name Patrick Title	O Mara	15.e. Purpose Engaged to communicate to employees regarding
Organization OMara & Associates LLC		exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room I	Number, if any	
Street 6 Drakewood Lar	ne	
City Novato		
State CA	ZIP Code + 4 94947	

15.a. Employer Name: Sutter Health		15.b. Trade Name, if any: engaged by Healthcare Labor Sol
15.c. To Whom Paid	O'Mara	15.d. Amount 3, 146
Name Patrick	. Viala	15.e. Purpose Engaged to communicate to employees regarding
Organization OMara &	Associates LLC	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Ro	oom Number, if any	
Street 6 Drakewood	Lane	
City Novato		
State CA	ZIP Code + 4 94947	

Name of Person Filing: LRI Consulting Service	es, Inc. File Number C- 00525	
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of tinstructions.		
15.a. Employer Name: Mountaire Farms Inc	15.b. Trade Name, if any:	
15.c. To Whom Paid	15.d. Amount 13, 460	
Name Patrick O'Mara Title Organization OMara & Associates LLC	15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain	
P.O. Box, Building and Room Number, if any	collectively.	
Street 6 Drakewood Lane		

15.a. Employer Name: Owens Corning	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 25, 257
Name Patrick O'Mara	15.e. Purpose
Title Organization OMara & Associates LLC	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 6 Drakewood Lane	
City Novato	
State CA ZIP Code + 4 949	047

ZIP Code + 4 94947

15.a. Employer Name: Shred-It Inte	rnational Inc	15.b. Trade Name, if any:
15.c. To Whom Paid	k O'Mara	15.d. Amount 8, 967
Title	6 Associates LLC	15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and F	Room Number, if any	
Street 6 Drakewood	i Lane	
State CA	ZIP Code + 4	94947

City Novato
State CA

Name of Person Filing:	LRI Consulting Services, Inc.		File Number C- 00525
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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: 15.b. Trade Name, if any: Steel Fab a division of Samuel Pressure 15.d. Amount 50,035 15.c. To Whom Paid Patrick O'Mara Name 15.e. Purpose Title Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization OMara & Associates LLC collectively. P.O. Box, Building and Room Number, if any Street 6 Drakewood Lane Novato City

ZIP Code + 4 94947

5.a. Employer Name: Treasure Island Hotel & Casino	15.b. Trade Name, if any:	
5.c. To Whom Paid	15.d. Amount 13,163	
Name Patrick O'Mara	15.e. Purpose	
Title	Engaged to communicate to employees regarding	
Organization OMara & Associates LLC	exercising their rights to organize and bargain collectively.	
P.O. Box, Building and Room Number, if any		
Street 6 Drakewood Lane		
City Novato		
State CA ZIP Code + 4 94947		

State CA