U.S. Depaiment 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

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

432438	
1 . File Number C-C-670	2. Period Covered By This Report From: O1 / O1 / 2009 Through: Month/Day/Year (mm/dd/yyy) Through: Month/Day/Year (mm/dd/yyy) Through: 12 / 31 / 2009
A. Person Filing 3. Name and mailing address (include ZIP Code):	The state of the s
Name Patrick O'Mara	Any other address where records necessary to verify this report are kept: Name Title
Title President 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 City Novato	Street 130 Landing Court 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 accompension documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, any complete (See the Section on penalties in the instructions).	
17. Signed President (if other title, see instructions)	Treasurer (If other title, see instructions)
On Date Telephone Number	On Date Telephone Number

File Number C-Name of Person Filing: Patrick O'Mara B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice Mailing Address: 5.a. Name and Address of Employer (including trade name, if any). P.O. Box, Building and Room Number, if any LRI Consulting Services, Inc. Street Trade Name 7850 S. Elm Place City Attention To Phil Wilson Broken Arrow ZIP Code + 4 74011 President State Oklahoma Title 5.c. Amount 10,779 5.b. Termination Date 12/29/2009 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,779 Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered C. Statement of Disbursements to the employers listed in Part B. 7. Disbursements to Officers and Employees: (c) Expenses (d) Totals (b) Salary (a) Name 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements (Sum of Items 8-13) 8. Total disbursements to officers and employees: Use this Schedule to report only disbursements made for the purposes described in Part D of the D. Schedule of Disbursements for Reportable Activity instructions. 15.b. Trade Name, If any: 15.a. Employer Name: LRI Consulting Services, Inc. 15.d. Amount 10,779 15.c. To Whom Paid Patrick O'Mara Name 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 ZIP Code + 4 94948 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 10,779

Form LM-21 (2003)