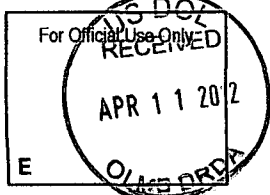


FORM LM-21

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

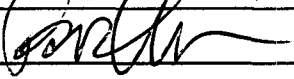
494712

1. File Number C- 670	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2011	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2011
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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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/>	President (if other title, see instructions)	18. Signed _____ Title _____ <input checked="" type="checkbox"/>	Treasurer (If other title, see instructions)
On 4/4/12 Date	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). Employer LRI Consulting Services, Inc. Trade Name Attention To Phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any Street 7850 S. Elm Place City Broken Arrow State Oklahoma <input checked="" type="checkbox"/> ZIP Code + 4 74011
5.b. Termination Date 12/31/11	5.c. Amount 78,140
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10779	

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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State <input checked="" type="checkbox"/> ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 10779	

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.	
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	<input type="text"/>	ZIP Code + 4

5.b. Termination Date	5.c. Amount
-----------------------	-------------

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	<input type="text"/>	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	<input type="text"/>	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	<input type="text"/>	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	<input type="text"/>	ZIP Code + 4

5.b. Termination Date	5.c. Amount
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