

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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432439

| | | | | | |
|------------------------------|---|-----------------------------|----------------|-----------------------------|----------------|
| 1. File Number C- <u>670</u> | 2. Period Covered By This Report From: <table border="1"><tr><td>Month/Day/Year (mm/dd/yyyy)</td></tr><tr><td>01 / 01 / 2008</td></tr></table> Through: <table border="1"><tr><td>Month/Day/Year (mm/dd/yyyy)</td></tr><tr><td>12 / 31 / 2008</td></tr></table> | Month/Day/Year (mm/dd/yyyy) | 01 / 01 / 2008 | Month/Day/Year (mm/dd/yyyy) | 12 / 31 / 2008 |
| Month/Day/Year (mm/dd/yyyy) | | | | | |
| 01 / 01 / 2008 | | | | | |
| Month/Day/Year (mm/dd/yyyy) | | | | | |
| 12 / 31 / 2008 | | | | | |

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 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 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 [Signature] President
Title President (If other title, see instructions)

On 12/30/2007 707-703-5875
Date Telephone Number

18. Signed _____ Treasurer
Title Treasurer (If other title, see instructions)

On / /
Date Telephone Number

| | |
|---------------------------------------|----------------|
| Name of Person Filing: Patrick O'Mara | 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: | |
| Employer | LRI Consulting Services, Inc. | P.O. Box, Building and Room Number, if any | |
| Trade Name | | Street | 7850 S. Elm Place |
| Attention To | Phil Wilson | City | Broken Arrow |
| Title | President | State | Oklahoma ZIP Code + 4 74011 |

| | |
|----------------------------------|--------------------|
| 5.b. Termination Date 11/12/2008 | 5.c. Amount 28,643 |
|----------------------------------|--------------------|

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 69,005

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: LRI Consulting Services, Inc. | 15.b. Trade Name, If any: |
| 15.c. To Whom Paid 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 ZIP Code + 4 94948 | 15.d. Amount 69,005 15.e. Purpose To provide consultation and give speeches to employees regarding their rights to organize and bargain collectively. |

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 69,005

| | |
|---------------------------------------|----------------|
| Name of Person Filing: Patrick O'Mara | 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: | |
| Employer | LRI Consulting Services, Inc. | P.O. Box, Bldg., Room No., if any | |
| Trade Name | | Street | 7850 S. Elm Place |
| Attention To: | Phil <input type="checkbox"/> Wilson <input type="checkbox"/> | City | Broken Arrow |
| Title | President | State | Oklahoma |
| | | ZIP Code + 4 | 74011 |
| 5.b. Termination Date 9/23/08 | | 5.c. Amount 25,875 | |

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|---|---|-----------------------------------|-------------------|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer | LRI Consulting Services, Inc. | P.O. Box, Bldg., Room No., if any | |
| Trade Name | | Street | 7850 S. Elm Place |
| Attention To: | Phil <input type="checkbox"/> Wilson <input type="checkbox"/> | City | Broken Arrow |
| Title | President | State | Oklahoma |
| | | ZIP Code + 4 | 74011 |
| 5.b. Termination Date 8/29/2008 | | 5.c. Amount 8,518 | |

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|---|---|-----------------------------------|-------------------|
| 5.a. Name and Address of Employer (including trade name, if any). | | Mailing Address: | |
| Employer | LRI Consulting Services, Inc. | P.O. Box, Bldg., Room No., if any | |
| Trade Name | | Street | 7850 S. Elm Place |
| Attention To: | Phil <input type="checkbox"/> Wilson <input type="checkbox"/> | City | Broken Arrow |
| Title | President | State | Oklahoma |
| | | ZIP Code + 4 | 74011 |
| 5.b. Termination Date 7/17/2008 | | 5.c. Amount 5,969 | |

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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: | <input type="checkbox"/> <input type="checkbox"/> | City | |
| Title | | State | |
| | | 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: | <input type="checkbox"/> <input type="checkbox"/> | City | |
| Title | | State | |
| | | 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: | <input type="checkbox"/> <input type="checkbox"/> | City | |
| Title | | State | |
| | | ZIP Code + 4 | |
| 5.b. Termination Date | | 5.c. Amount | |