

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

1m-21 ☐ W ☒ QA

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

648001

1. File Number C- <u>648 67437</u>	2. Period Covered By This Report From: <u>01 / 01 / 2016</u> Through: <u>12 / 31 / 2016</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name <u>Patrick O'Mara</u>  Title <u>President</u>  Organization <u>O'Mara &amp; Associates, LLC</u>  P.O. Box, Building and Room Number, if any <u>P.O. Box 2624</u>  Street  City <u>Novato</u>  State <u>California</u> ZIP Code + 4 <u>94948</u>	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 <u>A97</u>  Street <u>130 Landing Court</u>  City <u>Novato</u>  State <u>California</u> ZIP Code + 4 <u>94945</u>

### 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 <u>[Signature]</u> Title <u>President</u> On <u>4/24/17</u> Date <u>707 803 4575</u> Telephone Number	President (if other title, see instructions)	18. Signed _____ Title _____ On <u>1 / 1</u> Date _____ Telephone Number	Treasurer (if other title, see instructions)
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Sign/Print

Submit to OL [2Receipts2Inva](#)

Coc

Reset

Spawn List

Name of Person Filing:	File Number C- <b>67437</b>
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<b>B. Statement of Receipts</b> 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 <b>LRI Consulting Services, Inc.</b>  Trade Name Attention To <b>Phil Wilson</b> Title <b>President</b>	Mailing Address: P.O. Box, Building and Room Number, if any  Street <b>7850 S. Elm Place</b> City <b>Broken Arrow</b> State <b>Oklahoma</b> ZIP Code + 4 <b>74011</b>
5.b. Termination Date <b>12/31/16</b>	5.c. Amount <b>240,419</b>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <del>10779</del> <b>240,419</b>	

<b>C. Statement of Disbursements</b> 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)

<b>D. Schedule of Disbursements for Reportable Activity</b>		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	15.d. Amount	
Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City  State <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> ZIP Code + 4	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <b>10779</b>		

Name of Person Filing: LRI Consulting Services, 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: FedEx Freight Corporation	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 Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 3,643 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Fuyao Glass America Inc	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 Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 152,768 15.e. Purpose Engaged to offer advice to Employer along with communicating to Employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Isle of Capri Casino, Inc.	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 Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 12,560 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

**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: Owens Corning	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 Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 7,966 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Restoration Hardware	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 Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 13,500 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Vail Resorts Management Company	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 Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 24,093 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

**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: Via Christi Health Inc	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 Street 6 Drakewood Lane City Novato State CA ZIP Code + 4 94947	15.d. Amount 25,889 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.