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

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 ED



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Person Filing  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  Signatures  Any other address where records necessary to verify this report are kept:  Name  Patrick O'Mara  Title  Organization  P.O. Box, Building and Room Number, if any P.O. Box Building and Room Number, if any A97  Street 130 Landing Court  City Novato  State California  Signatures  Signatures  Signatures  Signatures  Challed and the information submitted in this report (including the formation contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, orrect, and complete. (See fire Section on penalties in the instructions).	File Number C- 67D	2. Period Covered Month/Day/Year Month/Day/Year (mmtdd/yyy) Month/Day/Year (mmtdd/yyy)
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  Signatures  A. Any other address where records necessary to verify this report are kept:  Name  Name  Name  Title  Organization  P.O. Box, Building and Room Number, if any A97  Street 130 Landing Court  City Novato  State California  Signatures  Signat		
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P.O. Box, Building and Room Number, if any P.O. Box 2624  Street  Street 130 Landing Court  City Novato  State California  Signatures  ach 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 formation contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, borrect, and complete. (See the Section on penalties in the instructions).  President (if other title, see	Title President	Title
Street  Street 130 Landing Court  City Novato  State California	Organization O'Mara & Associates, LLC	Organization
Street 130 Landing Court  City Novato  State California  ZIP Code + 4 94948  State California  ZIP Code + 4 94945  Signatures  ach 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 formation contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, orrect, and complete. (See the Section on penalties in the instructions).  President  18. Signed  Treasurer (If other title, see	P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
City Novato  State California	P.O. Box 2624	A97
State California	Street	Street 130 Landing Court
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(If other title, see		
	7. Signed President	(If other title see

Name of Person Filing:			·····		File Number C-	
					<u> </u>	
B. Statement of Receipts Report all receip or services.	ts from employers	in connection with	labor rela	ations advice or serv	ices regardless of the purpo	ses of the advice
5.a. Name and Address of Employer (including trade name, if any).			P.O. Bo	Mailing Address: x, Building and Roon	Number if any	
Employer LRI Consulting Serv	vices, Inc.		1 .0. 50	x, building and moon	i Number, ii arry	
Trade Name	•		Street 7850 S. Elm Place			
Attention To Phil	Wilson		City	Broken Arrow		
Title President	,	i.	State			
5.b. Termination Date 12/31/11			5.c. Am	ount 78,140	· · · · · · · · · · · · · · · · · · ·	
6. TOTAL RECEIPTS FROM ALL EMPLOY	ERS 10779			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
7. Disbursements to Officers and Employees: (a) Name	employers listed in	(c) Expenses (d) T	otals		Administrative Expenses	
· · · · · · · · · · · · · · · · · · ·		+	<u> </u>	10. Publicity	ofessional Services	
· · · · · · · · · · · · · · · · · · ·				12. Loans Made		
				13. Other Disb		
8. Total disbursements to officers and emplo	yees:			14. Total Disbur	sements (Sum of Items 8-13)	
· · · · · · · · · · · · · · · · · · ·						<u> </u>
D. Schedule of Disbursements for Repor	table Activity	Use this Schedul instructions.	e to repor	t only disbursements	s made for the purposes des	scribed in Part D of the
15.a. Employer Name:			15.b. Ti	ade Name, If any:		
15.c. To Whom Paid		· · · · · · · · · · · · · · · · · · ·	15.d. Ar	mount	······································	
Name			15.e. Purpose			
Title						
Organization						
P.O. Box, Building and Room Number, it	any					

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 10779

Form LM-21 (2003)

Street City

State

Name of Person Fiting:	File Number C-
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer	P.O. Box, Bldg., Room No., if any
Employer Trade Name	Street
Attention To:	City
Title	State
5.b. Termination Date	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer	
Trade Name	Street
Attention To:	City
Title	State
5.b. Termination Date	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bldg., Room No., if any
Employer	
Trade Name	Street
Attention To:	City
Title	State
5.b. Termination Date	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer	
Trade Name	Street
Attention To:	City
Title	State
5.b. Termination Date	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bldg., Room No., if any
Employer	Street
Trade Name	
Attention To:	City State
Title	Diale
5.b. Termination Date	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer	
Trade Name	Street
Attention To:	City
Title	State State ZIP Code + 4
5.b. Termination Date	5.c. Amount