

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

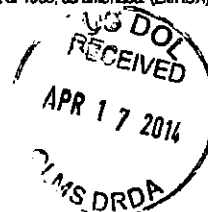
Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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



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1. File Number <u>C-676</u>	2. Period Covered By This Report From: <u>01 / 01 / 2013</u> Through: <u>12 / 31 / 2013</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Patrick O'Mara</u> Title <u>President</u> Organization <u>O'Mara & 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>	President (if other title, see instructions)	18. Signed _____ Title _____	Treasurer (if other title, see instructions)
On <u>4/3/14</u> Date	<u>7078034575</u> Telephone Number	On <u>1/1</u> 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 ZIP Code + 4 74011
5.b. Termination Date	5.c. Amount 182,218.00
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10000 272,771.91	

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: Iron Mt	15.b. Trade Name, if any: 	
15.c. To Whom Paid Name John Cervantes Title Organization P.O. Box, Building and Room Number, if any Street 8553 Clemente Dr. City Rancho Cucamonga State CA ZIP Code + 4 91730	15.d. Amount 49,000 15.e. Purpose 	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 10779		

Name of Person Filing: PAT 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 Garb's Resources Const & Amer.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 253 Commerce Dr	
Attention To:		City GRAYS LAKE	
Title		State Illinois <input checked="" type="radio"/> ZIP Code + 4 60030	
5.b. Termination Date		5.c. Amount 28,099.14	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer IRON MT		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 745 Atlantic Ave	
Attention To: John Roslowski		City Boston	
Title		State MA <input checked="" type="radio"/> ZIP Code + 4 02111	
5.b. Termination Date		5.c. Amount 62,454.77	
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="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Q. 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: Scribe America	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 1,557 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: The May Institute, 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 40,205 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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: ABM	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 10,542 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Brownsville Marine	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 9,186 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Casino M8trix	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 8,291 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Part 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: Commercial Drywall	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 4,833 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Conway Olejniczak & Jerry	15.b. Trade Name, if any: on behalf of Silvan-Samuel Press
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 7,491 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Doss Aviation	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 6,745 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Part 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: LG Chem Michigan 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 41,814 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Miller & Haney LLP	15.b. Trade Name, if any: Denton County/CoServ
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 36,431 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Mission Healthcare LLC	15.b. Trade Name, if any: Evergreen Terrace
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 15,123 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

LONG TERM CO-SIGNER FORM

PLEASE FAX COMPLETED COPY IMMEDIATELY
AND MAIL ORIGINAL

* TO BE ACCEPTED, ALL *
* CO-SIGNER FORMS MUST BE *
* ACCOMPANIED BY A GOOD COPY *
* OF THE CO-SIGNER'S DRIVER'S *
* LICENSE!!!!!!!!!!!! *

Megan D'Mara

Applicant's Name

Address of property desired to be rented

Co-signer's
Full Name: Btrich K
First Middle

D'Mara

Last

Any other recently used last name

Soc. Sec. #:

Birth

Date: 1/26/64

Relationship

to Applicant: Father

Present

address: 6 DRAKEWOOD LNS

Novato

CA 94947

How long

at this address? 19 yrs

Do you rent or own the above listed residence? Rent

Own ☒

Home

Phone: (415) 892-3716

Work

Phone: (707) 803-4575

Driver's

Lic. #: C3918320

Previous residence if less

than 2 years at present

location):

N/A

Street

City

State

Zip

Bank used for primary checking acct. B of A

Bank

address Novato CA Branch

How

long? 15 yrs?

Employer

Office

address same as above

Your

Position owner

How

Long? 9 yrs

Supervisor:

self

Name

N/A

Title

State

His/her

Phone (

Zip

N/A

This Co-Signer Form shall continue in full force for the entire length of this resident's rental agreement including any tenant/landlord sanctioned written changes of terms, such as extension of time and/or change of rent amount.

I, as co-signer, have received/read a copy of the lease; and I understand and agree that it is my responsibility to see that all terms of the lease are abided by. I further acknowledge that I am not occupying the premises, nor do I expect service of any statutory notices required by law to be provided to occupants.

I acknowledge that late arrival of financial aid is NOT an acceptable excuse for late rent payments. As co-signer, I am prepared to keep rent current monthly anytime the person for whom I am co-signing cannot pay. PD (Please initial)

I authorize the owner/manager to verify the above information, including a Credit Report and Income Verification.

Co-signer's signature

Date

4/3/14

(Itensio)

(No signature is accepted except that of the actual co-signer.)

(To send a good copy of your driver's license, please enlarge the copy.)