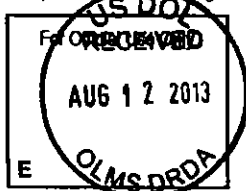


FORM LM-21

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

533128

1. File Number C- 670	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2012		12 / 31 / 2012

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Patrick O'Mara	Name
Title President	Title
Organization O'Mara & Associates, LLC	Organization
P.O. Box, Building and Room Number, if any P.O. Box 2624	P.O. Box, Building and Room Number, if any A97
Street	Street 130 Landing Court
City Novato	City Novato
State California ZIP Code + 4 94948	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	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title President		Title _____	
On 8/1/13	Telephone Number 1079034555	On 1/1	Telephone Number _____
Date		Date	

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 12/31/11 5.c. Amount 89,619

6. TOTAL RECEIPTS FROM ALL EMPLOYERS ~~10779~~ 89,619

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

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
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: SEE ATTACHED

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 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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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: Kitsap Home Care	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 1,086 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 2,089 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Sitel	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 5,708 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:	File Number C-
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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.
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15.a. Employer Name: NTN-Bower 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 53,723 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 27,013 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.