

FORM LM-21

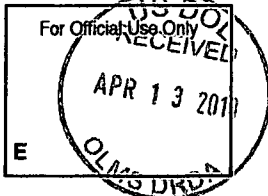
RECEIPTS AND DISBURSEMENTS REPORT

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

lm-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

675139

1. File Number C- <u>67437</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2017		12 / 31 / 2017

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Patrick O'Mara</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name
Organization <u>O'Mara & Associates, LLC</u>	Title
P.O. Box, Building and Room Number, if any <u>P.O. Box 2624</u>	Organization
Street	P.O. Box, Building and Room Number, if any <u>A97</u>
City <u>Novato</u>	Street <u>130 Landing Court</u>
State <u>California</u> ZIP Code + 4 <u>94948</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>03 / 30 / 2018</u> Date Telephone Number _____	On <u>/ /</u> Date Telephone Number _____

Sign/Print

Submit to OL 2Receipts2in/a

Co

Reset

Spawn List

Name of Person Filing:	File Number C- 67437
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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 IRI 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 12/31/17	5.c. Amount 267,499
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10779 267,499	

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:	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 <input type="text"/> ZIP Code + 4	15.d. Amount	
	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 10779		

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: Albany Winwater Works Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 1,555 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: BWAY Corporation	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 26,470 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: C.R. England	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 4,097 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.
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15.a. Employer Name: Darling Ingredients, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 8,444 15.e. Purpose

15.a. Employer Name: Fuyao Glass America Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 66,855 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: FWT, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 6,744 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.
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15.a. Employer Name: Goodman Networks, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 8,355 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Kamax L.P.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 36,242 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Newburgh Winwater Works Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 1,555 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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15.a. Employer Name: Nitto, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 25,418 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Orange County Winsupply Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 1,555 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Pierce Manufacturing, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 5,860 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.
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15.a. Employer Name: Security Plumbing & Heating Supply Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 1,582 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: The Vomela Companies	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 13,230 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Upper Cumberland Electric Membership Corp	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 56,455 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525 67437
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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: Winsupply Elmsford NY Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 1,555 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Winsupply Newburgh NY Co.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Patrick O'Mara Title President Organization OMara & Associates LLC P.O. Box, Building and Room Number, if any Street PO Box 2624 City Novato State CA ZIP Code + 4 94948	15.d. Amount 1,527 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.