

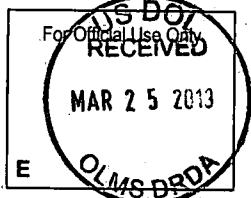
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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

57952

1. File Number C-10718	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2012		12 / 31 / 2012

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Thomas Zigray
Title _____
Organization _____
P.O. Box, Building and Room Number, if any _____
Street 6501 E. Greenway Parkway #103-114
City Scottsdale
State Arizona ZIP Code + 4 85254

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 _____
Street _____
City _____
State _____ ZIP Code + 4 _____

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 T. A. Zigray President
T. A. Zigray (Mar 20, 2013)
(if other title, see instructions)
Title Other (Specify)
Consultant
On 03 / 01 / 2013 877-525-2920
Date Telephone Number

18. Signed _____ Treasurer
(if other title, see instructions)
Title Other (Specify)
On _____
Date Telephone Number

Name of Person Filing: Thomas Zigray

File Number C- 0718

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 Informed Choices Education

Trade Name

Attention To Gabrielle Shores

Title President

Mailing Address:

P.O. Box, Building and Room Number, if any

Informed Choices Education

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona

ZIP Code + 4 85254

5.b. Termination Date 12/31/2012

5.c. Amount 2644

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2644

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

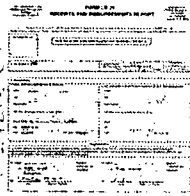
State Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY








2012 LM-21 Tom Zigray

EchoSign Document History

March 20, 2013

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