

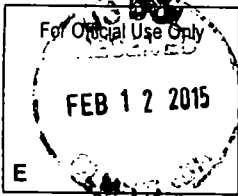
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

577018

1. File Number C- 3802

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01 / 01 / 2014

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2014

A. Person Filing

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

Name Henry ☐ Ares

Title Management Consultant

Organization Pasadena Consulting

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

Suite 490

Street 3579 Foothill Blvd

City Pasadena

State California ZIP Code + 4 91107

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 [Signature] President
(if other title, see instructions)
Title Other (Specify)
Management Consultant
On 01 / 05 / 2015 (626) 710-4523
Date Telephone Number

18. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer
On / /
Date Telephone Number

Name of Person Filing: Henry Ares

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:

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

Employer Informed Choices Education

Trade Name

Street

6501 E. Greenway Parkway

Attention To

City

Scottsdale

Title

State

Arizona

ZIP Code + 4

85254

5.b. Termination Date 10/31/2014

5.c. Amount 24,390

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,390

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