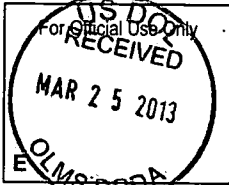


FORM LM-21

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)



517959

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-00748	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):

Name George Wetzel
Title President
Organization The Towson Toolman, Inc.
P.O. Box, Building and Room Number, if any
Street 218 Midhurst Road
City Baltimore
State Maryland ZIP Code + 4 21212

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. George Wetzel President
George Wetzel (Mar 20, 2013)
(if other title, see instructions)
Title President
On 03 / 01 / 2013 877-525-2920
Date Telephone Number

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

Name of Person Filing: George Wetzel

File Number C- 00748

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 12/31/12

5.c. Amount 9680

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 9680

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

15.d. Amount

Name

Title

Organization

15.e. Purpose

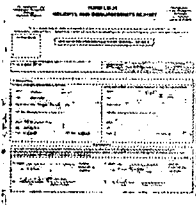
P.O. Box, Building and Room Number, if any

Street

City

State ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY








2012 LM-21 George Wetzel

EchoSign Document History

March 20, 2013

Created:	March 20, 2013
By:	Lorna Chehov (lorna@chehov.co)
Status:	SIGNED
Transaction ID:	SLJMB24E4LXNXZ

"2012 LM-21 George Wetzel" History

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