

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

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

For Official Use Only

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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00678

Person Filing

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

Name Gabrielle Shores

Title President

Organization Informed Choices Education, Inc.

P.O. Box, Bldg., Room No., if any

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona ZIP Code +4 85254

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec 31

5. Type of person:

a. ☐ Individualb. ☐ Partnershipc. ☒ Corporationd. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Michael Rogers

Organization Calpine Operating Services Company Inc.

Trade Name, if any The Geysers

P.O. Box, Bldg., Room No., if any

Street 10350 Socrates Mine Road

City Middletown

State California ZIP Code + 4 94561

7. Date entered into:

10 / 31 / 2011

8. Name of person(s) through whom made:

Name

Name

Name

Name

Name

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 Section VII on penalties in the instructions.)

DocuSigned by:

13. Signed

Gabrielle Shores

President

(If other title, see instructions)

14. Signed

DocuSigned by:

Thomas Gray

Treasurer

(If other title, see instructions)

Title President

Title Other (Specify)

Vice-President

On 11/01/2011 877-525-2920

Date

Telephone Number

On 11/01/2011 877-525-2920

Date

Telephone Number

Filer: Gabrielle Shores Informed Choices Education, Inc.

File Number C- 00678

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Calpine Operating Services Company Inc. - Geysers, has agreed to contract with Informed Choices Education, Inc., to provide educational consulting services for The Geysers.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Informed Choices Education, Inc. is engaged to educate the employees of Calpine Operating Services Company, Inc. - Geysers, of their Section 7 rights under the NLRA.

11.b. Period during which performed:

10/31/2011

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Gabrielle Shores

Organization

P.O. Box, Bldg., Room No., if any

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona

ZIP Code + 4 85254

Additional Name and address through whom performed, if any:

Name Thomas Zigray

Organization

P.O. Box, Bldg., Room No., if any

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona

ZIP Code + 4 85254

12.a. Identify subject groups of employees:

All employees of Calpine Operating Services Company, Inc. - Geysers.

12.b. Identify subject labor organizations:

IBEW
International Brotherhood of Electrical Workers.

Specific Activities to be Performed (Continuation Page)

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Informed Choices Education, Inc. is engaged to educate the employees of Calpine Operating Services Company, Inc. - Geysers, of their Section 7 rights under the NLRA.

11.b. Period during which performed:

10/31/2011

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name George Wetzel

Organization The Towson Toolman, Inc.

P.O. Box, Bldg., Room No., if any

Street 218 Midhurst Road

City Baltimore

State Maryland

ZIP Code + 4 21212

Additional Name and address through whom performed, if any:

Name James Marshall

Organization

P.O. Box, Bldg., Room No., if any

Street 3676 Crown Point Drive

City San Diego

State California

ZIP Code + 4 92109

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

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