

# 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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 00678

2. Period Covered  
By This Report  
From:

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

01 / 01 / 2013

Through:

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

12 / 31 / 2013

### A. Person Filing

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

Name Gabrielle Shores

Title President

Organization Informed Choices Education, Inc.

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

Gabrielle Shores

Gabrielle Shores (Mar 30, 2014)

President  
(if other title, see  
instructions)

Title President

On

03 / 29 / 2014

Date

877-525-2920

Telephone Number

18. Signed

Lorna Cheney  
Lorna Cheney (Mar 30, 2014)

Title Other (Specify)  
Bookkeeper

Treasurer  
(If other title, see  
instructions)

On

03 / 29 / 2014

Date

858-246-6522

Telephone Number

Name of Person Filing: Gabrielle Shores	File Number C- 00678
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Kindred Hospital Westminster Trade Name Attention To Brooke Saunders Title CEO	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any Kindred Hospital Westminster Street 200 Hospital Circle City Westminster State California ZIP Code + 4
<b>5.b. Termination Date</b>	<b>5.c. Amount</b> 17010
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 17010	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	17010
				12. Loans Made	0
				13. Other Disbursements	
<b>8. Total disbursements to officers and employees:</b>				14. Total Disbursements (Sum of Items 8-13)	17010

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
<b>15.a. Employer Name:</b>  <b>15.c. To Whom Paid</b> Name Gabrielle Shores Title Consultant 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	<b>15.b. Trade Name, If any:</b>  <b>15.d. Amount</b> 17010 <b>15.e. Purpose</b> To educate employees of their rights under the NLRA.	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b> 17010		