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

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

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

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1 . File Number C- (00000 T/1 K		2. Period Covere By This Repor	u	Month/Da ( mm/dd/y	y/Year yyy )		Month/Da ( mm/dd/	
		Fro		/ 01	/ 2010	Through:	12 / 31	/ 201
A. Person Filing								
3. Name and mailing address (include ZIP Code):		4. Any other add	ress whe	re recor	ds necessa	ry to verify t	his report are	e kept:
Name Thomas Zigray		Name						
Title		Title						
Organization		0						
Organization		Organization						
P.O. Box, Building and Room Number, if any		P.O. Box, Buil	ding and	Room N	Number, if a	ny		
Street 6501 E. Greenway Parkway #103-114		Street						
City Scottsdale		City						
State ZIP Code	+4 85254	State				ZIP Code	e + 4	
	Sig	natures						
Each of the undersigned declares, under penalty of perjury and information contained in any accompanying documents) hat correct, and complete. (See the Section on penalties in the	s been examined by	the signatory and is, t	the inform o the bes	ation sul t of the u	bmitted in the undersigned	l's knowledo	uding the e and belief,	true,
17. Signed Thomas Zignay Thomas Zignay (Feel), 2011	President	18. Signed					Treasurer	
Title	(if other title, see instructions)	Title					(If other title	e, see
Consultant	,						manachona	1
								)
01 / 24 / 2011 858-246-6522		On /	/					)
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S. Strick *Date** Strick to Telephone Number to the strick	Section of Many Section 1999 (1999)	Garage Control of the	Date		Telephone	Number Rom Notice		



Name of Person Filing: Thomas Zigray File Number C- 00000

5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Construction of the Constr	P.O. Box, Building and Room Number, if any
Employer Informed Choices Education	Informed Choices Education
Trade Name	Street 6501 E. Greenway Parkway #103-114
Attention To Gabrielle Shores	City Scottsdale
Title President	State ZIP Code + 4 8525
5.b. Termination Date 06/04/2010	5.c. Amount 2500

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

D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.				
15.a. Employer Name:	15.b. Trade Name, if any:			
15.c. To Whom Paid	15.d. Amount 0			
Name	15.e. Purpose			
Title				
Organization				
P.O. Box, Building and Room Number, if any				
Street				
City				
State ZIP Code + 4	4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	CTIVITY 0			