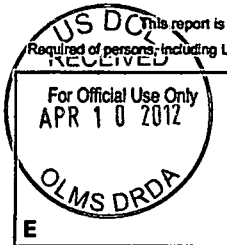


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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

494275

1. File Number C- 00678	2. Period Covered By This Report From: 01 / 01 / 2011 Through: 12 / 31 / 2011
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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 <u>Gabrielle Shores</u> Gabrielle Shores (Mar 28, 2012) Title President On 03 / 01 / 2012 877-525-2920 Date Telephone Number	18. Signed <u>Lana Chahr</u> Lana Chahr (Mar 28, 2012) Title Other (Specify) Bookkeeper On 03 / 01 / 2012 877-525-2920 Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Gabrielle Shores

File Number C- 00678

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 Calpine Operating Services Company Inc.

Trade Name The Geysers

Street 10350 Socrates Mine Road

Attention To Michael Rogers

City Middletown

Title

State California

ZIP Code + 4 94561

5.b. Termination Date ongoing

5.c. Amount 15,460

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 15,460

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	30,033
				12. Loans Made	0
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	30,033

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 16,060

Name

15.e. Purpose

Title

To educate the employees of Calpine Operating Services Company, Inc. - Geysers, of their Section 7 rights under the NLRA.

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 30,033

