

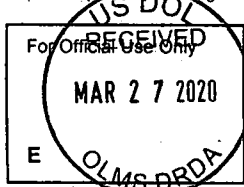
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021

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.

724782

1. File Number C- 00717	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	From:	01/01/2019	Through: 1/31/2019

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Gabrielle Shores</u> Title <u>Consultant</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>6501 E Greenway Parkway #103-114</u> City <u>Scottsdale</u> State <u>AZ</u> ZIP Code + 4 <u>85254</u>	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> Title <u>President Consultant</u> On <u>3/22/2020</u> Date <u>480.221.9757</u> Telephone Number	President (If other title, see instructions)	18. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Gabrielle Shores		File Number C- 00717	
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). The AZ Alignment Group Association		Mailing Address: P.O. Box, Bldg., Room No., if any _____ 6501 E Greenway Parkway #103-114	
Employer _____		Street: _____	
Trade Name _____		City Scottsdale	
Attention To: _____		State Arizona ZIP Code + 4 85254	
Title _____			
5.b. Termination Date _____		5.c. Amount 28125	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 28125			
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 _____		15.e. Purpose.	
Title _____			
Organization _____			
P.O. Box, Building and Room Number, if any _____			
Street _____			
City _____			
State _____ ZIP Code + 4 _____			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			