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

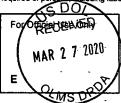
## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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).

For Original 1824 (014)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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Wis U	<b></b>	• •	<b>.</b>	724749
1. File Number C- 717		eriod Covered y This Report	Month/Day/Year (mm/dd/yyy)	Month/Day/Year (mm/dd/yyy)
		From:	01/01/2019	Through: 12/31/2019
			- "	
A. Person Filing	of Sharp 3 and	1.0	10	The state of the state of
3. Name and mailing address (include ZIP Code): Gabrielle Shores		•	, i , e ¥	sary to verify this report are kept:
Name	Nai	ne		4
Title President	Titl	9	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Organization	Org	anization	t	
P.O. Box, Building and Room Number, if any	- P.C	 D. Box, Building	and Room Number, if a	
3.6.10 (4.8.1.2)				
Street 6501 E Greenway Parkway #103-114	Stre	eet	x 7 × 1	e service of the transfer of
City Scottsdale	City	/	••••••••••••••••••••••••••••••••••••••	
State AZ ZIP Code + 4 85254	Sta	te	ZIP Code + 4	
mineral desirence of the second of the secon	1 '4	s i i va i va ta	ing the trade of the control of the	A STATE OF A POLICY OF THE COLUMN
et to die a	Signature	5	•	Complete March
Each of the undersigned declares, under penalty of perjury and other the information contained in any accompanying documents) has been true, correct, and complete. (See the Section on penalties in the inst	en examined by t	he signatory and	l is, to the best of the un	dersigned's knowledge and belief,
Occusigned by:	41.77	Cala	Signed by:	* ************************************
17. Signed Gabrille Shores Presider		Signed Garage	neue Suores	Treasurer
Title President (If other instruction)	title, see ons) :	Title Trea	EFA8A654C2 Surer	(If other title;
and the second of the second of the second of	ed to the		· · · · · · · · · · · · · · · · · ·	instructions).
3/23/2020 480.221.9757		3/23/2020	480.22	L. 9757
Date Telephone Number		Date	Telephone	Number
			<u> </u>	5-7-7-7-8-7-7
				.• • <b>1</b>

Name of Person Filing Gabrielle Shores	Chu A	File Number C- 7/7			
South State of the		विकास विकास है। विभाग करें हैं।			
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).					
Employer		P.O. Box, Bldg., Room No., if any			
		Střeět			
Attention To:		City			
Title		State ZIP Code + 4			
5.b. Termination Date	, (3 (3 (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	5.c. Amount			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS					
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 Rart B.  7. Disbursements to Officers and Employees:					
(a) Name	(b).Salary (c).Expenses	The state of the s			
		9. Office and Administrative Expenses			
		10. Publicity			
	77 C + 1967 (1977 - 197	11. Fees for Professional Services  12. Loans Made			
8. Total disbursements to officers and employees:		13. Other Disbursements  14. Total Disbursements (Sum of Items 8 – 13)			
O. Total disbursements to officers and employees.		14. Total Disbursements (Sum of items 0 = 13)			
and the second s	• • • •	en e			
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:					
The state of the s					
15.c. To Whom Paid		15.d. Amount			
Gabrielle Shores	- A.*	19200			
Consultant Title					
15.e. Fulposegona					
Organization: To educate the employees of Calpine Operating Services Company, Inc of their Section 7 rights					
P.O. Box, Building and Room Number, if any	ner i	under the NLRA			
6501 E Greenway Parkway #10	3-114				
City Scottsdale					
State Arizona ZIP Code + 4 85254					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Name of Person Filing:		File Number C- 7/7				
						·
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.				es of the advice		
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:				
Employer			P.O. Box, Bldg., Room No., if any			
Trade Name			Street			
Attention To:		City				
Title		State ZIP Code + 4				
5.b. Termination Date			5.c. Amount			
.6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
C. Statement of Disbursements Report all disbut to the employer			orting organiza	ation in conne	ection with labor relations advice or	services rendered
Disbursements to Officers and Employees:     (a) Name	(h) Salary	(c) Expenses	(d) Totals			
(a) Hame	(b) Galary	CO Expenses	(4) 10(2)3	9. Office an	nd Administrative Expenses	
				10. Publicit		
					r Professional Services	
			<u>-</u>	12. Loans N	Made	
				13. Other D	Pisbursements	
8. Total disbursements to officers and employees:				14. Total Dis	sbursements (Sum of Items 8 – 13)	
D. Schodulo of Dishumomento for Deportable Ag	hidhu He	o this Schodul	o to most on	ly dishursom	onte made for the purposes descri	and in Bart D of the
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				
Carina Hunt Name			9800			
Title Consultant 45 a Dunas						
Organization C. Hunt Management			15.e. Purpose  To educate the employees of Calpine Operating Services Company, Inc of their Section 7 rights under the NLRA.			
P.O. Box, Building and Room Number, if any						
909 Champion Ct						
Street						
City Texas 76262						
State ZIP Code + 4						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						
	•				·	

Name of Person Filing:		File Number C- 7/7				
R Statement of Receipts Report all receipts from	employers in conr	nection with labor relations advice or services regardless of the purposes of the advice				
or services.	employers in com	nection with labor relations advice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:				
Employer		P.O. Box, Bldg., Room No., if any				
Trade Name		Street				
Attention To:		City				
Title		ZIP Code + 4				
5.b. Termination Date		5.c. Amount				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS						
	rsements made by s listed in Part B.	the reporting organization in connection with labor relations advice or services rendered				
7. Disbursements to Officers and Employees:	s iisted iii i ait b.					
(a) Name	(b) Salary (c) Ex	xpenses (d) Totals				
		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 Joseph Brock		15.d. Amount				
Name	· · · · · · · · · · · · · · · · · · ·					
Consultant Title		15.e. Purpose				
Organization East Coast Labor Relations, LLC		To educate the employees of Calpine Operating				
P.O. Box, Building and Room Number, if any		Services Company, Inc of their Section 7 rights under the NLRA.				
515 S Gull Lake Drive						
Street						
City Richland						
Mi chigan State ZIP Code + 4						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

Form LM-21 (2003)