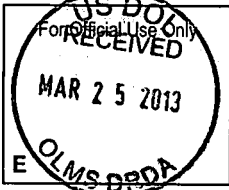


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

517955

1. File Number C-0747	2. Period Covered By This Report From: 01/01/2012 Through: 12/31/2012
-----------------------	---

A. Person Filing

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

Name: James Marshall
Title:
Organization:
P.O. Box, Building and Room Number, if any:
Street: 3676 Crown Point Drive
City: San Diego
State: California ZIP Code + 4: 92109

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: James A. Marshall (Mar 20, 2013) Title: Other (Specify) Consultant On: 03/01/2013 Telephone Number: 877-525-2920	18. Signed: _____ Title: Other (Specify) _____ On: ____/____/____ Telephone Number: _____
--	---

Name of Person Filing: James Marshall

File Number C- 0747

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 Informed Choices Education

Trade Name

Attention To Gabrielle Shores

Title President

Mailing Address:

P.O. Box, Building and Room Number, if any

Informed Choices Education

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona

ZIP Code + 4 85254

5.b. Termination Date 12/31/2012

5.c. Amount 7920

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7920

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

Title

Organization

P.O. Box, Building and Room Number, if any

Street

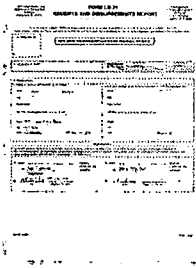
City

State Washington

ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY



2012 LM-21 Jim Marshall

EchoSign Document History

March 20, 2013

Created: March 20, 2013
By: Lorna Chehov (lorna@chehov.co)
Status: SIGNED
Transaction ID: SLJMBB793G7N5L


"2012 LM-21 Jim Marshall" History

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 Signed document emailed to James A Marshall (jmsdsu74@aol.com) and Lorna Chehov (lorna@chehov.co)

March 20, 2013 - 1:39 PM PDT

